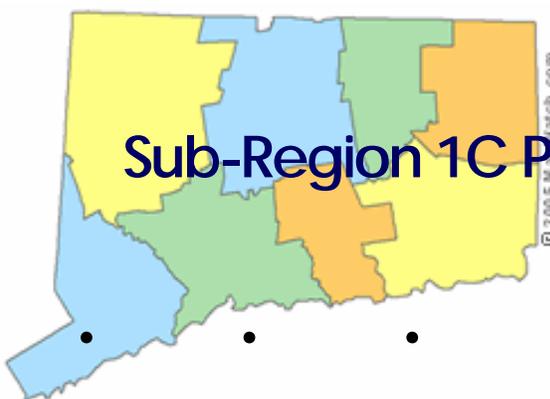


State of Connecticut  
Department of Mental Health & Addiction Services  
Prevention and Health Promotion Unit



Sub-Region 1C Prevention Priority Report

Prepared by  
Regional Youth/Adult Substance Abuse Program  
October 2008

# Executive Summary

In response to a request from the Connecticut Department of Mental Health and Addiction Services (DMHAS) for a data driven analysis on the impact of alcohol, tobacco, cocaine, heroin, and prescription drug abuse in Sub-Region 1-C (towns of Bridgeport, Easton, Fairfield, Monroe, Stratford, and Trumbull) Regional Youth/Adult Substance Abuse Program (RYASAP) developed the following profile and priorities with assistance from a consulting firm (dHA) and from community members. This profile describes the consumption patterns and consequences of use and establishes priorities to be focused upon to reduce the harmful effects of alcohol abuse, tobacco use, prescription drug misuse, and illegal drug use (heroin, cocaine, and marijuana). This profile and its priorities will be used as a building block for a sub-regional process that will include capacity and readiness building, strategic planning, implementation of evidence based programs, practices and strategies, and evaluation of efforts to reduce drug abuse.

The Community Needs Assessment Workgroup (CNAW) was convened on August 20th to evaluate the data and to identify priority issues relating to alcohol use and consequences in the sub-region. The CNAW included 21 members representing youth-serving organizations, parents, youth, social service organizations, town officials, and health providers of Bridgeport, Easton/Redding, Fairfield, Monroe, Stratford and Trumbull. For those members not able to participate, additional input was sought via email.

## Demographic Overview of the Sub-Region

Sub-Region 1-C is the Greater Bridgeport region, comprising of the City of Bridgeport, and the suburban communities of Easton, Fairfield, Monroe, Stratford, and Trumbull, however the Easton/Redding Community share a school system and the Easton Redding Communities Coalition. The region's population of 316,012 represents wide diversity, both ethnically and economically. Nearly one-third of the residents of Bridgeport, the sub-region's largest city, are Black (30.8%), and almost one-third are Hispanic/Latino (31.9%). However, white/non-Hispanic represents the largest majority in Bridgeport as well as the surrounding communities of Easton, Fairfield, Monroe, Stratford, and Trumbull. There is also great discrepancy between Bridgeport and the surrounding communities in median household income. The community with the highest median household income is Easton at \$125,557 while Bridgeport has the lowest median household income at \$34,658. In addition, the poverty rate for Bridgeport is 3-8 times the rate found for each of the surrounding communities that comprise this sub-region.

Comparisons of individual towns to the sub-region, region and State indicate that this sub-region has an overall poverty rate that exceeds that of the State (9.9% vs. 9.1%), even though the median household income is actually slightly higher than the state (\$58,792 vs. \$56,617). This indicates that there are pockets of extreme poverty in this sub-region, particularly in Bridgeport. In addition, comparisons of the sub region to the state in terms of race, ethnicity, and gender show that the sub-region as a whole is comparable to the state. Finally, comparisons of individual towns to the sub-region by race, ethnicity, gender and median household income reveal that Stratford is the most representative of the sub-region in terms of race, ethnicity, gender and median household income. However, Stratford also has a markedly fewer percentage of individuals living below the poverty line that the state as a whole. (5% vs. 9.1%).

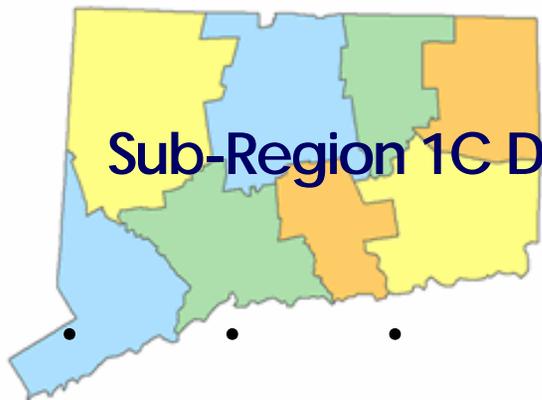
## Priority Needs

In its 2006 priority setting efforts RYASAP prioritized underage drinking as its issue to target. Available data regarding alcohol use and consequences within the sub-region were collected from the State Epidemiological Workgroup, local communities, local law enforcement and hospitals. A complete list of datasets used for this effort is included in Appendix A. Data was sought out related to drug use and its consequences among all ages. In 2006 RYASAP chose underage drinking as its priority. Since that time CT DMHAS has funded four underage drinking projects in this region with differing focuses and activities including: Trumbull Partnership Against Underage Drinking, the Fairfield University

(Fairfield Corps), Stratford Underage Drinking (SUDS) and the Bridgeport Coalition to Reduce Underage Drinking and other Drug Use.

### **Readiness Summary**

In 2008, the CNAW determined the first priority need was alcohol and tobacco, followed by marijuana and prescription drugs, and then cocaine and heroin. It should be noted that the CNAW also prioritized gambling. The reason gambling was ranked last is because the changeability and readiness/capacity scores were so low.



## Sub-Region 1C Data and Information Tables

Prepared by  
Regional Youth/Adult Substance Abuse Program  
October 2008

**Table 1. Community Needs Assessment Workgroup**

<b>Member Name</b>	<b>Community Sector Represented</b>	<b>Contribution to Priority Report</b>
Tammy Trojanowski	LCP Stratford—Civic Volunteer Group	CNAW 8/20/08
Kristin duBay Horton	Other organization involved in reducing substance abuse	CNAW 8/20/08
Bob Francis	RAC-- Other organization involved in reducing substance abuse	CNAW 8/20/08
David Gordon	Bridgeport Public Schools	Input via e-mail
Peg Perellie	LCP Trumbull--Civic & volunteer group	Input via conversation
Tom Kenney	GAMES/College Student	CNAW 8/20/08
Gary Chapin	Other organization involved in reducing substance abuse	CNAW 8/20/08
Jim Pisciotta	DHMAS Healthcare professional	CNAW 8/20/08
Sandy Heller	Hall Brook Healthcare professional	CNAW 8/20/08
Sally Lundy	LCP Monroe--Civic Volunteer Group	CNAW 8/20/08
Crystal Moore	College Student	CNAW 8/20/08
Alan MacKenzie	Healthcare professional	CNAW 8/20/08
Phil Guzman	Other organization involved in reducing substance abuse	CNAW 8/20/08
Jan Laster	RAC--Other organization involved in reducing substance abuse	CNAW 8/20/08
Megan Clarke	Stratford Public Schools	CNAW 8/20/08
Alan Barry	Healthcare professional	CNAW 8/20/08
Dale Holder	Youth serving organization	CNAW 8/20/08
Debra Iversen	Healthcare professional	CNAW 8/20/08
Janice Uranyowski	Other organization involved in reducing substance abuse	CNAW 8/20/08
Mike Yatsko	GAMES/ College Student	CNAW 8/20/08
Barbara Yeager	Monroe Senior Center	CNAW 8/20/08
Christina Trani	Healthcare professional	CNAW 8/20/08
Denique Weidema	Youth serving organization	CNAW 8/20/08
Nancy Kingwood	Other organization involved in reducing substance abuse	CNAW 8/20/08

Table 2. Sociodemographic Characteristics<sup>1</sup>

Area	Population Size	Gender (%)		Race (%)			Ethnicity: Hispanic or Latino (%)	Median Household Income (\$)	Individuals Below the Poverty Line (%)
		Male	Female	White	African American	Asian			
Connecticut	3,504,809	48.7	51.3	84.6	10.2	3.4	11.2	\$56,617	9.1
<b>Sub-Region 1C</b>	316,012	47.7	52.3	71.4	15.7	2.5	16	\$58,972	9.9
Bridgeport	139,664	55	45	45	30.8	3.3	31.9	\$34,658	18.4
Easton	7,272	48.4	51.6	96.7	0.2	2	1.8	125,557	2.4
Fairfield	57,340	47.5	52.5	95.3	1.1	2	2.3	83,512	2.9
Monroe	19,247	49.1	50.9	95.9	1.2	1.5	2.5	92,514	2.6
Redding	8,270	49.6	50.4	99.2	0.7	1.8	1.5	\$104,137	1.8
Stratford	49,976	47.1	52.9	84.8	9.8	1.4	6.8	\$53,494	5
Trumbull	34,243	48.1	51.9	94	1.9	2.4	2.7	\$79,507	2.3

<sup>1</sup> Census: <http://www.census.gov/main/www/cen2000.html>, CERC: <http://www.cerc.com/eddi.html>

### Data Sources for Sub-Region 1C Priority Report

Source	Description and Site (when available)
<b>Bridgeport Health Improvement Partnership , 2005</b>	The Bridgeport Health Improvement Partnership's ( <b>BHIP</b> ) Community Health Assessment was a city-wide effort conducted in 2005 to get a snapshot of the health status of Bridgeport residents. Two surveys were conducted: a phone survey of 1204 residents, and a companion in-person survey that was conducted at health and human service agencies of 320 residents. These two surveys captured two different "slices" of the Bridgeport population, as reflected in the demographics of each group. The phone survey respondents as a group were much older and more likely to be white. The agency respondents as a group were less educated and more likely to have a household income of less than \$20,000 per year. Ethnic differences showed more Black/African Americans and respondents of Caribbean descent among the agency respondents. Women were over-represented in both groups, but more so among agency respondents. <a href="http://dhassoc.net">http://dhassoc.net</a>
<b>Census Data</b>	The Census is a survey conducted by the federal government every 10 years to better understand the demographics of the U.S. population. <a href="http://www.census.gov/main/www/cen2000.html">http://www.census.gov/main/www/cen2000.html</a>
<b>Connecticut Economic Resource Center</b>	CERC is a nonprofit company specializing in economic development, research and marketing for local, regional, state and utility economic development entities. Data available by town. <a href="http://www.cerc.eddi.html">http://www.cerc.eddi.html</a>
<b>Core Alcohol and Drug Survey</b>	The Core Alcohol and Drug Survey assess the nature, scope, and consequences of alcohol and other drug use on college campuses. The statistics were drawn from a sample of 33,379 undergraduate students from about 53 colleges in the United States. These colleges conducted Core Survey during 2005. All institutions used methods to insure a random and representative sample of their respective student bodies. Core Institute of Southern Illinois University is an organization providing colleges, alcohol and drug prevention programs with tools with which to assess drug and alcohol use and the effects of it on their campus. The long form of the CORE survey was performed at local colleges in 2006 and this data was made available for this process. In addition DMHAS made analysis of colleges in the state available through the State Epidemiologic Workgroup. <a href="http://www.siu.edu/departments/coreinst/public.html/">http://www.siu.edu/departments/coreinst/public.html/</a>
<b>Connecticut DPH Website</b>	There are a number of resources available on the Connecticut DPH website including: <ul style="list-style-type: none"> <li>• Youth Risk Behavior Survey – reports on drug, tobacco, and alcohol use</li> <li>• Tobacco reports for the state and various subpopulations</li> </ul> <a href="http://www.ct.gov/dph">http://www.ct.gov/dph</a>
<b>National Survey on Drug Use And Health (NSDUH)</b>	SAMHSA's National Survey on Drug Use & Health is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general U.S. civilian non institutionalized population, age 12 and older. It is currently conducted by <a href="#">SAMHSA's Office of Applied Studies (OAS)</a> . Correlates in OAS reports include the following: age, gender, pregnancy status, race/ethnicity, education, employment, geographic area, frequency of use, and association with alcohol, tobacco, & illegal drug use. <a href="https://nsduhweb.rti.org">https://nsduhweb.rti.org</a> While this survey has been conducted annually from 1996 – 2006, the primary source used in this report was 2006 data
<b>Fatality Analysis Reporting System</b>	The <b>Fatality Analysis Reporting System</b> (FARS) contains data on a census of fatal traffic crashes within the 50 States, the District of Columbia, and Puerto Rico. <a href="http://www-nrd.nhtsa.dot.gov/departments/nrd-01/summaries/FARS_98.html">http://www-nrd.nhtsa.dot.gov/departments/nrd-01/summaries/FARS_98.html</a>

### Data Sources for Sub-Region 1C Priority Report

Source	Description and Site (when available)
<b>Search Institute Survey (SIS)</b>	The Search Institute Survey Services unit provides a growing array of surveys to help communities better understand the needs of their youth and to develop asset-building strategies to meet those needs. Conducted in 1998, 2001, 2005 (2008 results are now available but were not available during the Prevention Priority Report process from April to September 2009) <a href="http://ryasap.org">ryasap.org</a>
<b>Search Institute Survey (SIS) Supplemental Survey</b>	In 2008 RYASAP contracted with dHA to conduct a one page survey on risks, attitudes, and beliefs related to drug and alcohol use, these are early results. (2008 results are now available but were not available during the Prevention Priority Report process from April to September 2009) <a href="http://ryasap.org">ryasap.org</a>
<b>Trumbull Partnership Against Underage Drinking (TPAUD) 2006</b>	TPAUD sought to gather detailed data on the extent of underage drinking in Trumbull, as well as the community attitudes behind the behavior. Students at Trumbull High School, Madison Middle School, and Hillcrest Middle School completed surveys designed to assess their attitudes and behaviors around alcohol. Two thousand seven hundred and fifty-nine (2759) surveys were completed and analyzed (Trumbull High School: 1868; Madison Middle School: 507; Hillcrest Middle School: 384). A cross-section of students from the middle schools and high school was selected to participate in facilitated focus groups where they were questioned about the community norms around alcohol in Trumbull. Thirty-five students participated in three focus groups. An online parent survey was used to gather information on parents' attitudes and behaviors toward drinking. Exactly five hundred Trumbull residents responded; of those, 475 currently had at least one child between grades seven and twelve. <a href="http://dhassoc.net/docs/TPAUD_Executive_Summary_pdf.pdf">http://dhassoc.net/docs/TPAUD_Executive_Summary_pdf.pdf</a>
<b>State Epidemiological Workgroup (SEW)</b>	DMHAS' SEW and local SPFSIG grantees provided a great deal of data directly to the local RAC directors via fax, or email. Not all data is available to be shared. Those resources that are public are now at the dHA and RYASAP offices in data books – some if requested can be emailed to you. These include: <ul style="list-style-type: none"> <li>• Governor's Prevention Initiative for Youth Underage Drinking in Connecticut: Consumption Patterns and Consequences</li> <li>• Local Police Reports (Easton, Fairfield, Redding)</li> <li>• Reports of 2007 InfoLine requests for Substance Abuse Treatment</li> <li>• Substance Abuse Treatment Admissions by</li> <li>• Fairfield County colleges Core Survey Data</li> <li>• Liquor Density by Connecticut town (rate per population 21+ and per square mile)</li> </ul>

**Table 3. Alcohol**

**Regional Comparisons of Alcohol Use, Dependence, and Treatment Access**

Area	Alcohol use in past month ages 12-20	Binge alcohol use in past month ages 12-20	Alcohol dependence in past year 12 and older	Alcohol dependence or abuse in past year 12 and older	Needing TX for alcohol in past year and not received 12 and older
Total US	28.27	18.95	3.40	7.69	7.33
Northeast US	31.33	21.16	3.19	7.17	6.81
Connecticut	32.31	21.34	3.57	8.71	8.14
Eastern Connecticut	32.58	22.14	3.74	9.56	9.12
North Central Connecticut	29.97	19.03	3.94	8.21	7.36
North West Connecticut	34.88	24.09	3.27	8.44	7.83
South Central Connecticut	33.04	22.43	3.24	8.63	8.29
South West Connecticut	32.30	20.26	3.63	9.25	8.76

Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days.

**Substance Abuse Treatment Requests to 211 and Admissions to a Local SA TX site**

Area	Number of Requests in 2006	Rate per 10,000 in 2006	Number of Requests in 2007	Rate per 10,000 in 2007	Age 12-20 Alcohol-Related Substance Abuse Treatment Rate in 2005
Bridgeport	1,780	128.05	1,724	124.02	29.0
Easton	12	16.03	6	8.01	25.5
Fairfield	250	43.24	190	32.86	0
Monroe	61	31.04	57	29.01	39.6
Redding	0	0	0	0	0
Stratford	355	71.08	328	65.67	35.6
Trumbull	126	35.7	103	29.18	22.0
Connecticut	34.226	97	39437	83.86	30.6

### Comparison of Environmental Factors and Outcomes to State and Region

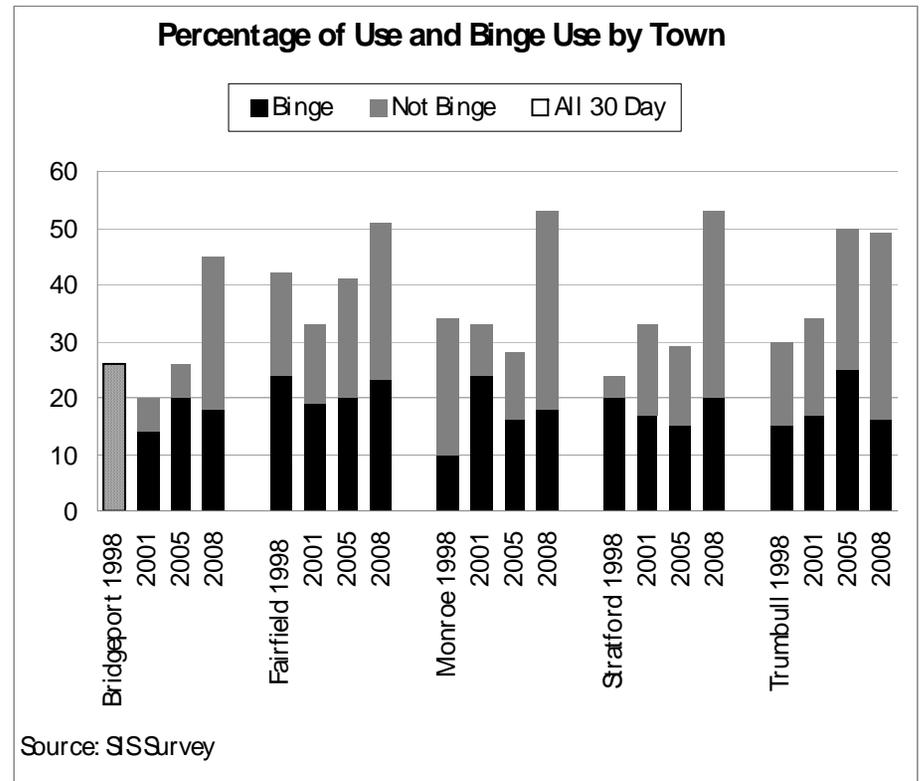
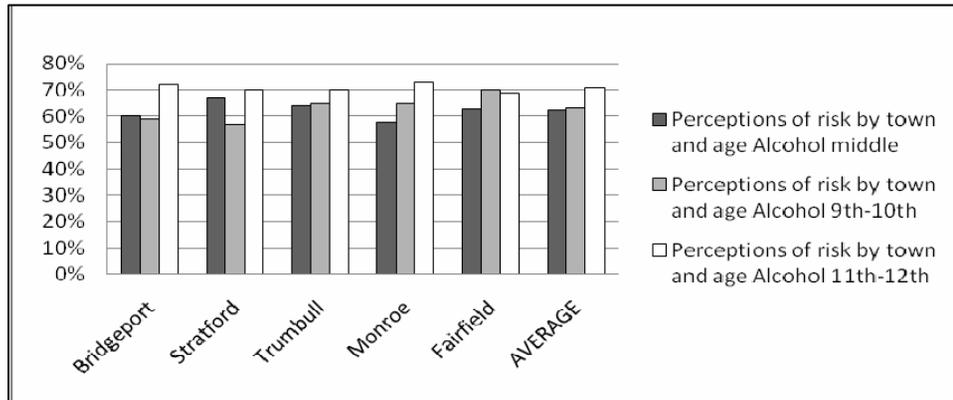
	DUI offenses		Underage liquor law violations		Number of liquor permits	Density of liquor permits population 21+	Density / square mile
	Number	Rate per 10,000	Number	Rate per 10,000			
Connecticut	11,396	33.5	6,096	2.5	1.2	6,096	2.5
Southwest Connecticut	938	14.2	1,232	2.6	3.3	1232	2.6
Sub-Region 1C	289	9.4	503	2.4	3.5	503	2.4
Bridgeport	74	5.3	269	2.9	15.4	269	2.9
Easton	2	2.8	3	0.6	0.1	3	0.6
Fairfield	96	16.7	107	2.7	3.5	107	2.7
Monroe	13	6.8	24	1.8	0.9	24	1.8
Redding	28	33.9	11	1.9	0.3	11	1.9
Stratford	33	6.6	78	2.1	4.2	78	2.1
Trumbull	71	20.7	22	0.9	0.9	22	0.9

## UNDERAGE DRINKING

In 2006 the Trumbull Partnership Against Underage Drinking conducted surveys and focus groups of all 7<sup>th</sup>-12<sup>th</sup> graders enrolled in Trumbull Public Schools – in addition an online survey of Trumbull parents was also conducted – 2,759 students and 500 parents participated. The results, while only representative of Trumbull attitudes give some insight into many of the RYASAP towns as the demographics of Trumbull closely mirror those of Easton, Fairfield and Monroe.

### Perceived Risk of Alcohol Use

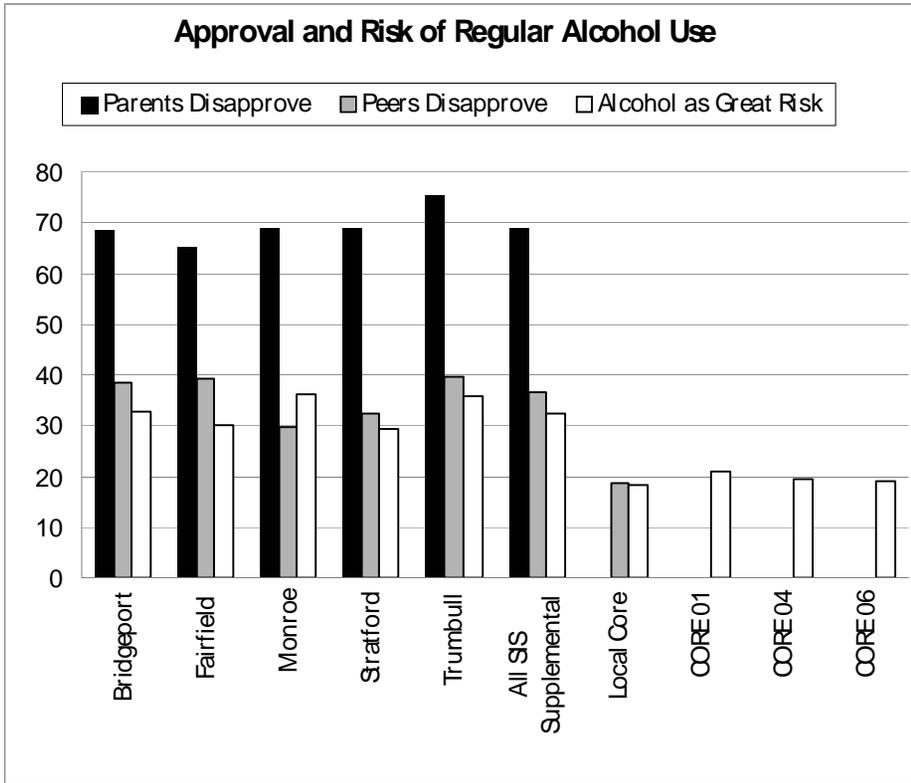
Young people continue to initiate use of alcohol at very young ages, despite the fact that the 2008 SIS supplemental indicates that perception of risk of use of alcohol (great or moderate risk of drinking) grows over time.



Source: SISurvey

See graph below.

Parents are the strongest source of disapproval from across the region according to the 2008 SIS Supplemental Survey. 7<sup>th</sup> -12<sup>th</sup> graders do not believe alcohol is risky themselves or that their peers think it is risky. Rates among 11<sup>th</sup> and 12<sup>th</sup> graders seem to rise slightly (perhaps because they are driving and link alcohol use risk to drunk driving risk) but this seems to be a short term change as among college students alcohol use – even binge use – is not seen as risky.



### Approval and Risk of Regular Alcohol Use

Despite the fall in overall drinking recent data indicates that the rates of binge drinking and drinking at younger ages persist. Moreover – while parents seem the strongest source of disapproval and the strongest predictor of alcohol use a study among Trumbull 7th=12th graders in 2006 found:

From the student surveys, we can see a very strong parental influence. Student-reported parental attitudes were found to be closely related to students’ own attitudes toward drinking, as well as to their behavior. Among middle school youth, the students who reported that their parents thought teenage drinking was acceptable (or somewhat acceptable), 75% reported themselves that underage drinking was OK. Among the middle youth who reported that their parents thought teenage drinking was unacceptable, 80% reported that they themselves thought that underage drinking was *not* OK. This strong correlation persists for every grade level, though it tends to lessen as the students get older.

### Youth Drinking Prevalence, Time and Place

Trumbull High School (THS) students told the focus group facilitators that binge drinking takes place virtually every weekend, and many reported drinking most nights when they don’t have school the next day. Drinking before and during school activities, such as dances and sporting events

is common. One THS student very candidly stated, “There is nothing fun in Trumbull without alcohol” and many others in the group agreed. THS students were also equally forthcoming about how plans to use breathalyzers on kids before dances would deter them from attending these functions or cause them to drink afterwards. The middle school students also spoke of seeing older kids drunk at games and other events. Teens stated that they felt this binge drinking was okay as long as they were “safe” about where they drank and who they drank with, and as long as their drinking didn’t interfere with their studies and/or extracurricular activities.

	Middle Schools n=891		9 <sup>th</sup> Grade n=511		10 <sup>th</sup> Grade n=474		11 <sup>th</sup> Grade n=462		12 <sup>th</sup> Grade n=414	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>During the past month...</b>										
<b>I had at least one drink of alcohol</b>	123	14%	166	33%	216	46%	241	52%	284	69%
<b>I drank enough to get drunk</b>	51	6%	107	21%	158	34%	164	36%	234	57%
<b>Of the students who reported drinking at all:</b>										
<b>I drank at a friend’s house</b>	55	48%	113	70%	169	79%	182	77%	253	90%

	Middle Schools		9 <sup>th</sup> Grade		10 <sup>th</sup> Grade		11 <sup>th</sup> Grade		12 <sup>th</sup> Grade	
	n=891		n=511		n=474		n=462		n=414	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
I drank in my home	72	64%	78	49%	103	48%	113	48%	122	43%
I drank at school	11	10%	30	19%	20	9%	21	9%	22	8%
I drank in a car	23	20%	42	26%	53	25%	81	35%	121	43%
I drank on a weekday before school	20	18%	25	16%	24	11%	31	13%	31	11%
I drank on a weekday after school	49	43%	52	33%	58	27%	56	24%	90	32%
I drank on a weekday during school	13	12%	31	20%	23	11%	28	12%	22	8%
I drank on a weekend	91	80%	153	96%	199	94%	222	95%	272	97%

During the THS focus group, teens initially stated that drunk driving was very wrong and that they used a designated driver. When the facilitator probed this answer throughout the session, a more troubling picture emerged. The consensus in the groups was that either the designated driver is pre-ordained and is allowed to have a few drinks as long as s/he stops drinking a few hours before they are expected to drive, or the person who is perceived as least intoxicated drives home. Students were very confident in their abilities to assess their driver's ability to operate a vehicle, even if they themselves were intoxicated. The student survey corroborated these findings. About one quarter of Trumbull High seniors (24%) thought the statement "it's OK to drive if you've only had a couple of drinks" was somewhat true or very true. Fifteen percent (15%) reported that they are likely or very likely to drive drunk, and 18% said that they were likely or very likely to get into a car with a driver who is drunk.

### Student attitudes toward drinking

The table below shows the responses to questions about student attitudes toward drinking. The numbers show how many students answered "Somewhat True" or "Very True" to each statement. Like drinking prevalence, the prevalence of attitudes conducive to drinking increases almost linearly with age.

During the THS focus group, teens initially stated that drunk driving was very wrong and that they used a designated driver. When the facilitator probed this answer throughout the session, a more troubling picture emerged. The consensus in the groups was that either the designated driver is pre-ordained and is allowed to have a few drinks as long as s/he stops drinking a few hours before they are expected to drive, or the person who is perceived as least intoxicated drives home. Students were very confident in their abilities to assess their driver's ability to operate a vehicle, even if they themselves were intoxicated. The student survey corroborated these findings. About one quarter of Trumbull High seniors (24%) thought the statement "it's OK to drive if you've only had a couple of drinks" was somewhat true or very true. Fifteen percent (15%) reported that they are likely or very likely to drive drunk, and 18% said that they were likely or very likely to get into a car with a driver who is drunk.

I feel...(somewhat true or very true)	Middle Schools		9 <sup>th</sup> Grade		10 <sup>th</sup> Grade		11 <sup>th</sup> Grade		12 <sup>th</sup> Grade	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
A party with alcohol is more fun	259	29%	265	52%	290	62%	311	68%	304	74%
All my friends drink alcohol	169	19%	277	55%	309	66%	327	71%	317	77%
It's not a big deal to smoke marijuana	95	11%	164	33%	208	44%	238	52%	255	62%

<b>It's OK to drink sometime even if you are underage</b>	264	30%	251	50%	292	63%	330	72%	334	82%
<b>If I wanted to drink alcohol it would be easy to get</b>	240	28%	252	50%	255	55%	279	61%	282	70%

### Student Attitudes toward Drinking and Driving

If the survey responses revealed high rates of underage drinking acceptance and activity, student responses to questions about their peers revealed even higher rates of perceived acceptance. The table below shows the students' perceptions of peer drinking attitudes. It is interesting to compare the responses that students gave for themselves, with what they gave for their peers. For example, among all middle youth, 30% thought the statement "It's OK to drink sometime even if you are underage" was somewhat true or very true. Yet 41% of middle youth thought their peers thought drinking alcohol was acceptable or somewhat acceptable. Similarly, among high school students, 65% agreed themselves with the idea that underage drinking was OK, while 89% thought that their peers thought it was acceptable. Concerning driving, 24% of seniors thought it was OK "if you've only had a couple drinks". At the same time, 56% of seniors thought that other students in their grade thought that driving after 2 or 3 drinks was acceptable or somewhat acceptable.

	Middle Schools		9 <sup>th</sup> Grade		10 <sup>th</sup> Grade		11 <sup>th</sup> Grade		12 <sup>th</sup> Grade	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>I feel... It's OK to drive if only had a couple drinks (somewhat true or very true)</b>	186	21%	90	18%	92	20%	85	19%	98	24%
<b>I am likely or very likely to...</b>										
<b>Drive a car while drunk</b>	n/a	n/a	33	14%	31	12%	31	11%	45	15%
<b>Get into a car with a driver who is drunk</b>	73	13%	56	16%	59	16%	51	15%	60	18%

### Student perception of their peers' attitudes toward drinking

The survey and focus group data showed that Trumbull teens are much more likely to drink in high school, at the same time many are given a great deal more freedom by their parents. Teens reported in the focus groups that their parents were less likely to check on their whereabouts or contact their friends' parents about drinking once they had reached high school. The parent survey bore this out to some extent. Interpretation of the parent survey has to be taken with some caution since the parents who responded were a self-selected group who were likely particularly interested in and concerned about underage drinking. Nonetheless, the parent survey did reveal declining rates of calling to check up on children, as the children aged. The parents whose oldest child was in 9<sup>th</sup> grade were *more* likely to have called to speak to an adult (where their child said they were going), compared to the parents whose oldest child was in 7<sup>th</sup> or 8<sup>th</sup> grade, 62% versus 45%. But then this percentage gradually and steadily declined until senior year, where 30% of parents reported they had made such a call since the school year started.

<b>Students in my grade feel... (acceptable or somewhat acceptable)</b>	Middle Schools		9 <sup>th</sup> Grade		10 <sup>th</sup> Grade		11 <sup>th</sup> Grade		12 <sup>th</sup> Grade	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

<b>Drinking alcohol</b>	359	41%	412	82%	418	89%	429	93%	387	95%
<b>Using marijuana</b>	164	19%	320	64%	357	76%	387	84%	357	87%
<b>Driving a car after 2 or 3 drinks</b>	155	18%	178	36%	208	45%	243	53%	228	56%
<b>Students in my grade...drink for fun (somewhat true or very true)</b>	370	42%	445	89%	440	95%	442	97%	400	98%

### Parent attitudes from three perspectives

At the same time, the students' perceptions of parental disapproval of underage drinking also declines as the students age. By senior year, about half of students thought their parents believed that underage drinking is acceptable, and that fully 89% of their peers had parents who don't care if they drink. These responses stand in stark contrast to the results of the parent survey where even among parents of seniors, 6% reported that they felt underage drinking was acceptable!

Note: in cases where parents reported having 2 or more children in this grade range, responses are grouped by the grade of the oldest child.

	Middle Schools		9 <sup>th</sup> Grade		10 <sup>th</sup> Grade		11 <sup>th</sup> Grade		12 <sup>th</sup> Grade	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Teenagers drinking alcohol... is somewhat acceptable or very acceptable</b>	154	17%	145	29%	176	37%	177	39%	207	51%
<b>Students in my grade... have parents who don't care if they drink</b>	404	46%	369	74%	388	84%	386	85%	364	89%
<b>Parents themselves responded: Teenagers drinking alcohol is acceptable or somewhat acceptable</b>	6	4%	2	3%	4	5%	4	5%	5	6%

### Affect of parent attitudes on student attitudes and behavior

Teens reported that parents give them a mixed message of "Don't drink" and "If you're going to drink, make sure you're smart about it." Parents also seemed unaware of the effects of their own behavior on their children; numerous teens reported parents reminiscing of their own underage drinking or encounters with the police. Teens also modeled the behaviors they see in their parents; for example, several teens spoke of parents who drive after having a few drinks. These teens rebelled against what they view as hypocrisy when their parents tell them they must never drink and drive.

From the student surveys, we can see a very strong parental influence. Student-reported parental attitudes were found to be closely related to students' own attitudes toward drinking, as well as to their behavior. Among middle youth, the students who reported that their parents thought teenage drinking was acceptable (or somewhat acceptable), 75% reported themselves that underage drinking was OK. Among the middle youth who reported that their parents thought teenage drinking was unacceptable, 80% reported that they themselves thought that underage drinking was *not* OK. This perceived parental approval (or disapproval) was not only related to the attitudes their children had about drinking, but it was also

very much related to their children’s drinking behavior. Among middle youth, students who reported that their parents thought underage drinking was “acceptable” or “somewhat acceptable” were more than five times as likely to have drunk in the previous 30 days, compared to students who reported that their parents thought underage drinking was “unacceptable” or “very unacceptable” (8% versus 42%). This “protective effect” persisted throughout high school, though it lessened as the students got older and the overall drinking rates rose.

Students were asked whether their parents felt “teenagers drinking alcohol (more than a few sips) is...” acceptable, somewhat acceptable, unacceptable, or very unacceptable. Students are grouped here by grade level and by their responses to that question, grouping together the “acceptables” (acceptable and somewhat acceptable) and the “unacceptables” (unacceptable and very unacceptable). So for each grade level, we have two groups: those who perceive their parents as thinking that underage drinking is acceptable and those who perceive their parents as thinking that underage drinking is unacceptable. These groups correspond to the rows. Within each row, we considered student responses to questions concerning their own drinking attitudes and behaviors. The first two columns with percentages refer to responses to the statement “It’s OK to drink sometimes even if you’re underage”, grouping together responses for “very true” and “somewhat true” and comparing them to “not true”. Hence, the first two lines can be interpreted “Of the seventh graders who perceived their parents as thinking that underage drinking is acceptable, 71% thought themselves that underage drinking was OK, compared to 17% of seventh graders who thought their parents thought underage drinking was “unacceptable

	Student attitude		Alcohol Use Past Month		Got Drunk Past month	
	Underage drinking is okay	Underage drinking is not okay	Drank in past month	Did not drink in past month	Got drunk in past month	Did not get drunk in past month
<b>Student perception of parent attitude</b>						
<b>Grade 7</b>						
Underage drinking is acceptable	71%	29%	33%	67%	16%	84%
Underage drinking is unacceptable	17%	83%	5%	95%	1%	99%
<b>Grade 8</b>						
Underage drinking is acceptable	77%	23%	51%	49%	27%	73%
Underage drinking is unacceptable	25%	75%	12%	88%	5%	95%
<b>Grade 9</b>						
Underage drinking is acceptable	92%	8%	59%	41%	41%	59%
Underage drinking is unacceptable	32%	68%	22%	78%	13%	87%
<b>Grade 10</b>						
Underage drinking is acceptable	87%	13%	69%	31%	51%	49%
Underage drinking is unacceptable	48%	52%	32%	68%	24%	76%
<b>Grade 11</b>						
Underage drinking is acceptable	89%	11%	77%	23%	57%	44%
Underage drinking is unacceptable	61%	39%	37%	63%	23%	77%
<b>Grade 12</b>						
Underage drinking is acceptable	94%	6%	82%	18%	70%	30%

Underage drinking is unacceptable	68%	32%	55%	46%	44%	56%
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NOTE: Students were asked whether their parents felt “teenagers drinking alcohol (more than a few sips) is...” acceptable, somewhat acceptable, unacceptable, or very unacceptable. Students are grouped here by grade level and by their responses to that question, grouping together the “acceptable” (acceptable and somewhat acceptable) and the “unacceptable” (unacceptable and very unacceptable). So for each grade level, we have two groups: those who perceive their parents as thinking that underage drinking is acceptable and those who perceive their parents as thinking that underage drinking is unacceptable. These groups correspond to the rows. Within each row, we considered student responses to questions concerning their own drinking attitudes and behaviors. The first two columns with percentages refer to responses to the statement “It’s OK to drink sometimes even if you’re underage”, grouping together responses for “very true” and “somewhat true” and comparing them to “not true”. Hence, the first two lines can be interpreted “Of the seventh graders who perceived their parents as thinking that underage drinking is acceptable, 71% thought themselves that underage drinking was OK, compared to 17% of seventh graders who thought their parents thought underage drinking was “unacceptable”.

### Parental actions to curb children’s drinking

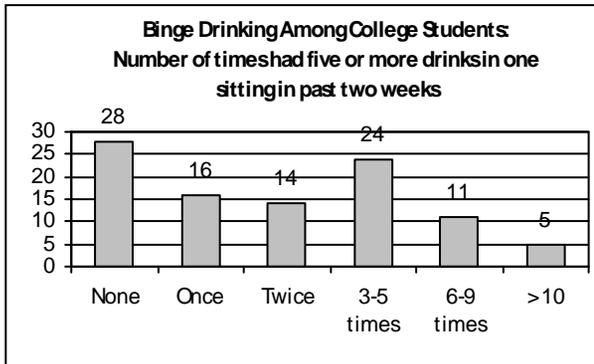
The relationship between parental attitudes and student drinking was also true for the outcome of students drinking to intoxication, and the self-reported likelihood of driving while drunk, and getting into a car with a drunk driver. For teens, the openness of their relationship with their parents also had an impact on the likelihood they would drink. This was especially true of younger teens; among 7th and 8th graders, the students who reported that they were likely or very likely to talk to their parents if they had a serious problem (n=610) were less likely to have drunk alcohol during the previous month during the previous 30 days-- 8%, compared to 28% of students who reported that they were unlikely or very unlikely to talk to their parents (n=192). Findings for having gotten drunk during the previous month were similar, but the overall numbers were much lower.

The inverse relationship between the kids’ reported inclination to talk to their parents and their reported alcohol intake was true for every grade level, although the effect lessened as the students got older. Among all high school students, the group who reported being likely to talk to their parents also reported drinking during the previous month at the rate of 44%; among the students not likely to talk to their parents, 57% reported drinking during the previous month.

The on-line parent surveys revealed that many parents were concerned about the rate of drinking among Trumbull teens, and parents reported doing a number of things to curb their children’s drinking. Fully 95% reported that teenagers drinking alcohol was unacceptable or very unacceptable (as opposed to acceptable or somewhat acceptable), and 97% reported that they had talked to their child about drinking. Again, it is important to remember that the parents who responded to the survey were a self-selected group. Using the student surveys to estimate the number of students in each grade, we can estimate that approximately 32% of middle school parents responded to the survey and about 20% of high school parents responded (Appendix Table A11). Forty-six percent of parents (46%) reported that they were “more concerned than other parents when it comes to underage drinking”, 51% thought they were “about the same concerned as other parents”. Similarly, 39% thought they were about the same as other parents when it came to monitoring their child’s drinking but 60% thought they were stricter. The table below shows the actions that parents reported taking to curb their children’s drinking.

n=475	Number	Percent
<b>Since the school year started...</b>		
Called to speak to an adult where child says s/he is going	220	46%
Asked child to call home	361	76%

Have you ever...		
Check breath upon returning home	152	32%
Searched room for alcohol or drugs	88	19%
Spoken to other parents about child or friends' behavior	128	27%



### Binge Drinking

Yet binge drinking doesn't begin and end in middle and high school. A recent study of college students in Greater Bridgeport also found that 85% report having used alcohol in the past 30 days. 30% of college students report having drunk 10 or more days in the past 30 days.

These high rates of binge drinking are of concern – the only study we have among the adult population is among Bridgeport residents in 2006. The Bridgeport Health Improvement Partnership's 2006 survey of Bridgeport households both on the phone and in-person found that while only 30% of Bridgeport residents report drinking in the past 30 days – among those that do drink 14% report drinking 5 or more drinks on days they drink. Drinking was more prevalent among the unemployed (49%), and Portuguese speakers (62%). Higher rates of drinking were also reported by those who were college educated (42%) and those making more than \$50,000 per year (59%). These differences highlight the social and cultural differences in use of alcohol.

Table 4. Tobacco

Area	Recent Cigarette Use (%)		Past Month Tobacco Use (%)	Past Month Cigarette Use (%)	Past 30 Day Use Tobacco	Past 30 Day Use Tobacco	Past 30 Day Use Tobacco	Ever Smoked
	Governor's Prevention Initiative for Youth, 2000		Connecticut SHS, '05/Youth Risk Behavior Survey	NSDUH, 2002-2004	BRFSS, 2006	RYASAP Search Institute Survey (SIS) 2008	BHIP 2006 & College students entering SA Treatment (2004-7)	RYASAP Search Institute Survey (SIS) 2008
	Grade 7-8	Grade 9-10	Grade 9-12	Ages 12 and older	Ages 18 and older	Grade 7-12	All Ages	Grade 11-12
United States	-	-	23.0	25.46	20.1	-	-	-
Connecticut	12.1	23.5	18.1	23.95	17.0	-	-	-
Region								
Eastern	-	-	-	25.02	-			
North Central	-	-	-	24.50	-			
Northwestern	-	-	-	26.27	-			
South Central	-	-	-	23.51	-			
South West	-	-	-	20.97	-			
Sub-Region 1C						11		40
Bridgeport	-	-	-	-	-	10	35	40
Easton	-	-	-	-	-			
Fairfield	-	-	-	-	-	9		
Monroe	-	-	-	-	-	11		33
Redding	-	-	-	-	-			
Stratford	-	-	-	-	-	13		45
Trumbull	-	-	-	-	-	13		46
College Students*						35	41	54

\*Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days.

\*Local college data from administration of Core Survey to college students

Table 5. Marijuana

Area	Recent Marijuana Use (%)		Past Month Marijuana Use (%)	Past Month Marijuana Use (%)	Past 30 days Marijuana Hashish Use (%)	Past 30 day Marijuana Use (%)		
	Governor's Prevention Initiative for Youth, 2000		Connecticut SHS, '05/Youth Risk Behavior Survey	NSDUH, 2002-2004	CORE, 2006	RYASAP Search Institute Survey (SIS) 2008		
	Grade 7-8	Grade 9-10	Grade 9-12	Ages 12 and older	College Students	Grade 7-8	Grade 9-10	Grade 11-12
United States	-	-	20.2	6.12	17	-	-	
Connecticut	7.2	22.0	23.1	6.73	23	-	-	
<b>Region</b>								
Eastern	-	-	-	7.38	-	-	-	-
North Central	-	-	-	6.59	-	-	-	-
Northwestern	-	-	-	8.88	-	-	-	-
South Central	-	-	-	6.45	-	-	-	-
South West	-	-	-	4.96	-	-	-	-
<b>Sub-Region 1C</b>								
Bridgeport	-	-	-	-	-	50	57	60
Easton	-	-	-	-	-	-	-	-
Fairfield	-	-	-	-	-	37.5	73	60
Monroe	-	-	-	-	-	*	94	35
Redding	-	-	-	-	-	-	-	-
Stratford	-	-	-	-	-	*	63	65
Trumbull	-	-	-	-	-	*	65	61
Local College Students					30			

\*Note: only 2-4 students answered this question in these districts

Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days

Table 6. Cocaine

Area	Recent Cocaine Use (%)		Past Month Cocaine Use (%)	Last Year Cocaine Use (%)	Past 30 Day Cocaine Use (%)	Lifetime Cocaine Use (%)
	Governor's Prevention Initiative for Youth, 2000		Connecticut SHS, '05/Youth Risk Behavior Survey	NSDUH, 2002-2004	CORE, 2006	CORE, 2006
	Grade 7-8	Grade 9-10	Grade 9-12	Ages 12 and older	College Students	College Students
United States	-	-	3.4	2.46	2.1	
Connecticut	0.8	1.7	4.1	2.14	3.0	
Region					11.4	14.7
Eastern	-	-	-	2.31	-	-
North Central	-	-	-	2.03	-	-
Northwestern	-	-	-	2.12	-	-
South Central	-	-	-	2.21	-	-
South West	-	-	-	2.10	-	-
Sub-Region 1C						
Bridgeport	-	-	-	-	-	-
Easton	-	-	-	-	-	-
Fairfield	-	-	-	-	-	-
Monroe	-	-	-	-	-	-
Redding	-	-	-	-	-	-
Stratford	-	-	-	-	-	-
Trumbull	-	-	-	-	-	-

\* Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days.

Table 7. Heroin

Area	Recent Heroin Use (%)		Lifetime Heroin Use (%)	Lifetime Heroin use (%)	Past 12 months Heroin use (%)	Recent Heroin Use (%)	Lifetime Heroin use (%)
	Governor's Prevention Initiative for Youth, 2000		Connecticut SHS, '05/Youth Risk Behavior Survey	RYASAP Search Institute Survey (SIS) 2008		Local CORE Survey Data	
	Grade 7-8	Grade 9-10	Grade 9-12			Local College Students	
United States	-	-	2.4	-	-	-	-
Connecticut	0.6	0.9	4.3	-	-	-	-
Region	-	-	-	-	-	2.5	3.6
Sub-Region 1C	-	-	-	-	3.0	-	-
Bridgeport	-	-	-	4.0	-	-	-
Easton	-	-	-	-	-	-	-
Fairfield	-	-	-	5.0	-	-	-
Monroe	-	-	-	5.0	-	-	-
Redding	-	-	-	-	-	-	-
Stratford	-	-	-	3.0	-	-	-
Trumbull	-	-	-	7.0	-	7.0	-

Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days.

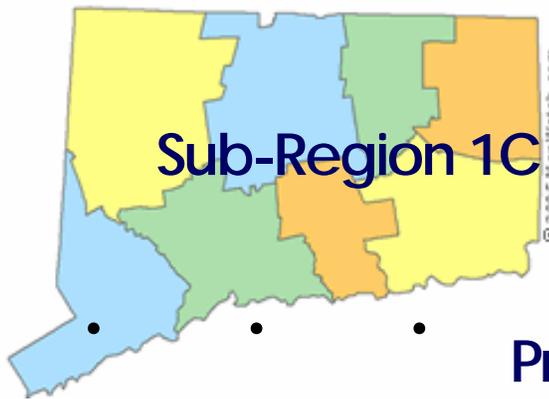
Table 8. Prescription Drug Misuse

Area	Past Year Nonmedical Use of Pain Relievers (%)				Ever Used	Past 30 days	Past 30 Days
	NSDUH, 2002-2004				RYASAP Search Institute Survey (SIS) 2008	CORE	RYASAP Search Institute Survey (SIS) 2005
	Ages 12 and older	12-17	18-25	25+	Grade 7-12	College Students	Grade 7-12
United States	4.76	7.5	11.8	3.1	-	2.0	-
Connecticut	4.13	5.6	12.3	2.5	-	2.8	-
Region					-	-	-
Eastern	4.99	-	-	-	-	-	-
North Central	3.57	-	-	-	-	-	-
Northwestern	4.78	-	-	-	-	-	-
South Central	4.02	-	-	-	-	-	-
South West	3.98	-	-	-	-	-	-
Sub-Region 1C	-						2
Bridgeport	-	-	-	-	14		
Easton	-	-	-	-			
Fairfield	-	-	-	-	18		
Monroe	-	-	-	-	13		
Redding	-	-	-	-			
Stratford	-	-	-	-	18		
Trumbull	-	-	-	-	17		
Local College Students		-	-	-	23*	5.5	

Table 9. Other Illicit Drugs

Area	Recent Other Illicit Drug Use (%) Governor's Prevention Initiative for Youth, 2000		Past Month Other Illicit Drugs Excl Marijuana (%) NSDUH, 2002-2004
	Grade 7-8	Grade 9-10	Ages 12 and older
United States	-	-	3.64
Connecticut	3.0	7.0	3.33
Region			
Eastern	-	-	3.94
North Central	-	-	3.24
Northwestern	-	-	3.33
South Central	-	-	3.39
South West	-	-	2.98
Sub-Region 1C			
Bridgeport	-	-	-
Easton	-	-	-
Fairfield	-	-	-
Monroe	-	-	-
Redding	-	-	-
Stratford	-	-	-
Trumbull	-	-	-

\* Past Month, Recent, and Current use are three terms used to describe use of substances within the past 30 days.



## Sub-Region 1C Substance Abuse Profiles

Prepared by  
Regional Youth/Adult Substance Abuse Program  
October 2008

## Sub-Region 1C Substance Abuse Profile

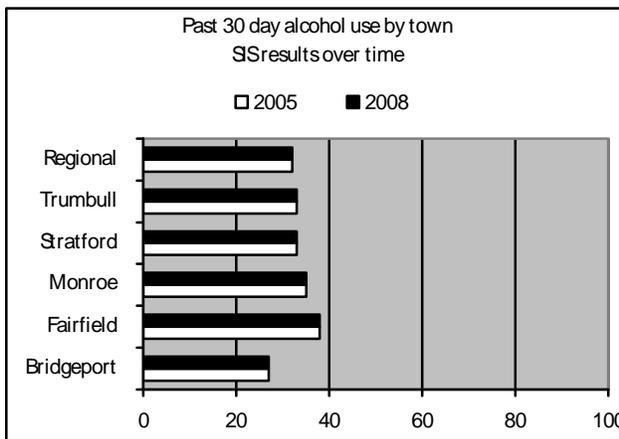
### Alcohol

#### Consumption

A 2006 random digit dial survey of Bridgeport households found that one third of Bridgeport residents reported having had an alcoholic drink during the past 30 days. Drinking was more prevalent among the unemployed (49%) and Portuguese speakers (62%). Higher rates of drinking were also reported by those who were college educated (42%) and those making more than \$50,000 per year (59%). While only one third of respondents drank at all in the past 30 days, among those who had 14% report drinking 5 or more drinks when they drink.<sup>2</sup> Review of 211 calls requesting assistance finding substance abuse treatment in 2006 and 2007 report requests for assistance from 6 of the 7 towns in the Sub-Region 1C (Redding had no requests in either 2006 or 2007).

According to the National Survey of Drug Use and Health (NSDUH) 2004-2006, Southwest Connecticut and its towns have rates of alcohol dependence (3.63) which are above National(3.4), Regional (3.19), or state averages(3.57)<sup>3</sup>.

In Southwest CT alcohol use among adolescents (Aged 12-20) is close to the state average in use in the past month and binge drinking in the last month. The state rates are 59.65 and 24.15. These are higher than rates in the US (50.38 and 22.81). The Southwest region is close to these state averages (59.54 and 22.48). However, rates among different age groups of adolescents and within different communities vary a great deal. Nonetheless, according to RYASAP's 2008 SIS supplemental survey of 7th-12th graders in Bridgeport, Fairfield, Monroe, Stratford, and Trumbull - almost one third of students in every town in the region begin drinking before high school.

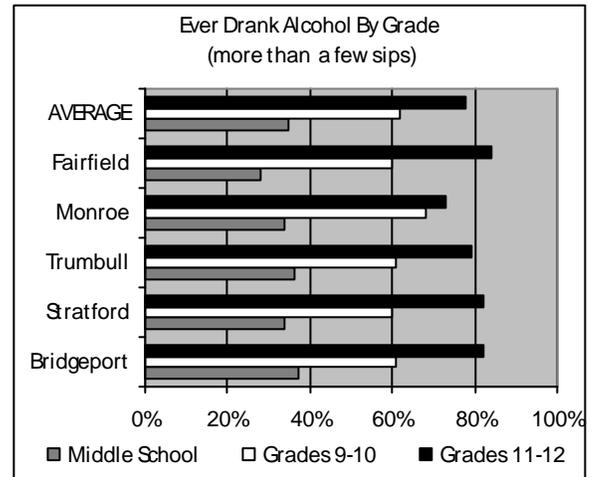


While rates grow over time in each municipality – it seems in some adolescents start younger and in others delay beginning but saturate more completely in the older grades. These differences suggest that chosen

<sup>2</sup> Bridgeport Health Improvement Partnership, 2006 Random Digit Dial Survey Results, dHA LLC

<sup>3</sup> Source: National Survey of Drug Use and Health

interventions might vary by town. These rates of use are considerably higher than the state estimates of 32% among young people aged 12-20. Still data collected within the region suggest other differences or factors that



relate to the region's high rates of underage drinking. One local treatment facility reported that 71% of admissions of 12-20 year olds between 2003 and 2007 were related to alcohol use.

Young people continue to initiate use of alcohol at very young ages, despite the fact that the 2008 SIS supplemental indicates that perception of risk of use of alcohol (great or moderate risk of drinking) grows over time. Consequences

#### Consequences

Southwest Connecticut has a lower rate of alcohol related homicides and suicides than the state average. However Sub-Region 1C is above state averages in the percentage of alcohol emergency room visits that result in hospital admission (Connecticut: 38.8, Southwest Connecticut 38.3, Sub-Region 1C 40.9) with Bridgeport exceeding that rate by half (Bridgeport: 58.4%)<sup>4</sup>.

Parents are the strongest source of disapproval from across the region according to the 2008 SIS Supplemental Survey. 7th -12th graders do not believe alcohol is risky themselves or that their peers think it is risky. Rates among 11th and 12th graders seem to rise slightly (perhaps because they are driving and link alcohol use risk to drunk driving risk) but this seems to be a short term change as among college students alcohol use – even binge use – is not seen as risky.

Southwest Connecticut's rate per 10,000 DUI offenses (14.2) is below state averages (33.5), and the Sub-Region 1C's rate is even lower (9.4). However, this hides enormous regional differences with Fairfield's rate (16.7), Trumbull's rate (20.7), and Redding's rate (33.9) being much higher and Bridgeport's (9.4), Easton's (5.3), Monroe's (6.8) and Stratford's (6.6), proving to be much

<sup>4</sup> OHCA, 2000

lower. These differences relate not only to the differences in the amount of driving under the influence in the town/region – but also the police vigilance, landscape, and other environmental factors.

The same is true for underage liquor law violations in the region. While Southwest Connecticut region is below state averages on violations (11.6 versus 7.4) Fairfield is in line with state averages (27.7) and hence the Sub-Region 1C as a whole falls below state averages.

Among the region, accessibility of alcohol through package stores and grocery stores also shows enormous variation, with the highest rates in Bridgeport (2.9 venues for everyone over age 21 in the city).

## Sub-Region 1C Substance Abuse Profile

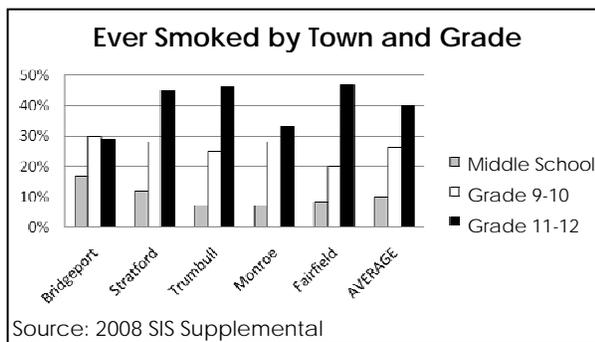
### Tobacco

#### Consumption

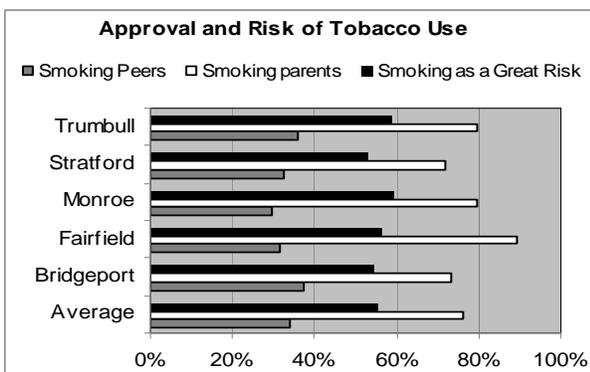
According to data provided by the DMHAS State Epidemiological Workgroup, Fairfield County has smoking rates consistent with those in New Haven and Hartford County (22%, 21% and 21% respectively). However, additional local data demonstrates that subpopulations within the region have much higher rates of smoking. Among adolescents in some communities smoking rates are considerably lower than in the country or in the state more broadly – however rates skyrocket among college students in the region.

Rates among 7<sup>th</sup>-12<sup>th</sup> graders are less in our region than in the state or the country, but those among college students are much greater than rates in the state or country.

Review of 2008 Search Institute Survey Supplemental Data seems to indicate that smoking experimentation grows in high school in most towns – with another sharp increase in some towns (Stratford and Trumbull) among 11<sup>th</sup> and 12<sup>th</sup> graders. Bridgeport's pattern has much higher rates of use among younger



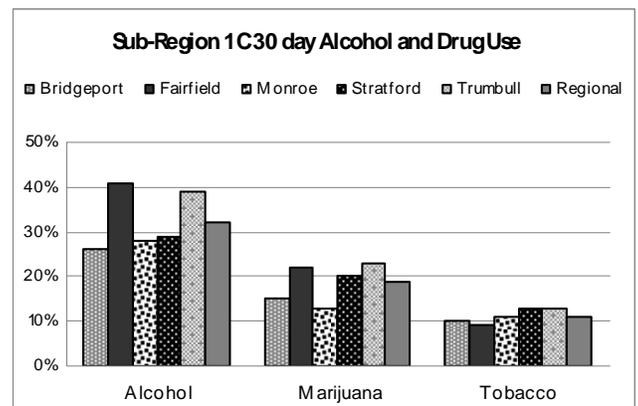
students (7<sup>th</sup> and 8<sup>th</sup> graders) but ends up with lower rates by 11<sup>th</sup> and 12<sup>th</sup> grade.



Tobacco use does seem to be falling over time among 7<sup>th</sup>-12<sup>th</sup> graders in the region overall, and young people seem to believe that tobacco use is riskier than marijuana use, and much riskier than alcohol use. This belief seems to be translating into lower use – particularly in the suburban communities among younger people.

#### Consequences

Review of SYNAR reports of underage



tobacco purchase stings statewide demonstrate that Region 1 (of which Sub-Region 1C is a part) has the second lowest rate of retailers selling to minors with 13% of the 84 retailers checked selling to minors.

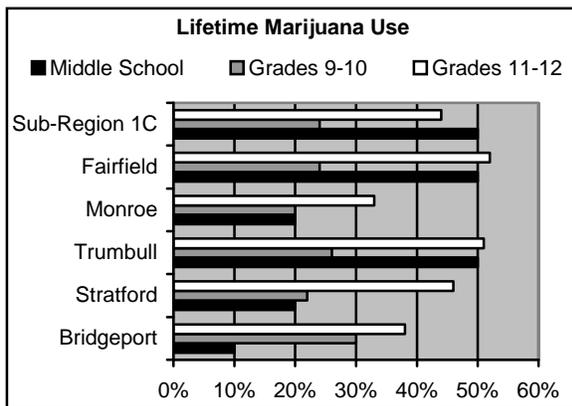
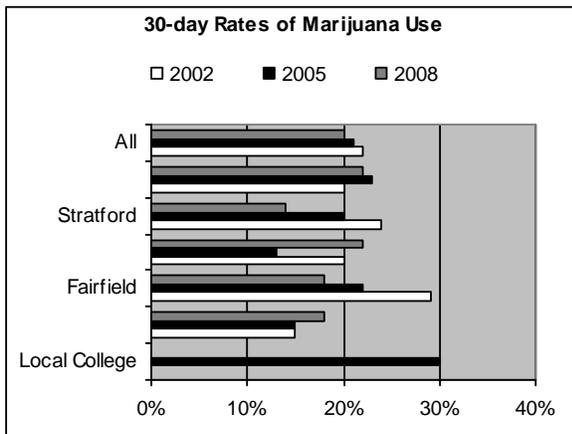
	Reg. 1	Reg. 2	Reg. 3	Reg. 4	Reg. 5
Total Inspections	84	85	39	106	77
Total Violations	60	5	5	17	13
Retailer Violation Rate	13	6.6	13.5	18.1	18.8

## Sub-Region 1C Substance Abuse Profile

### Marijuana

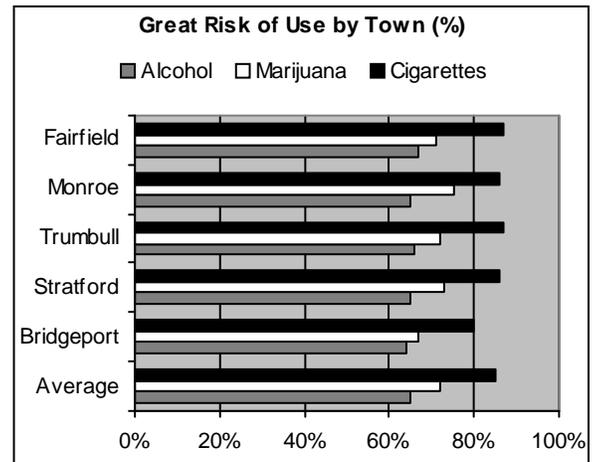
#### Consumption

According to the National Survey of Drug Use and Health, the Governors Prevention Initiative for Youth Survey and the Youth Risk Behavior Survey – marijuana use in the Southwest region of the State is considerably higher than the state or nation as a whole. 2008 Search Institute Survey Supplemental data demonstrates even higher 30-day use rates among adolescents in grades 7 to 12, as are lifetime use rates for that group.



Furthermore, local administration of the CORE Survey of Alcohol and Drug use demonstrates even higher rates among local college students.

Even though the high rates in the region the Search Institute Survey seems to demonstrate that rates of experimentation have fallen over time, still among local college students 56% believe that students use marijuana 3 or more times per week, and 38% of college students



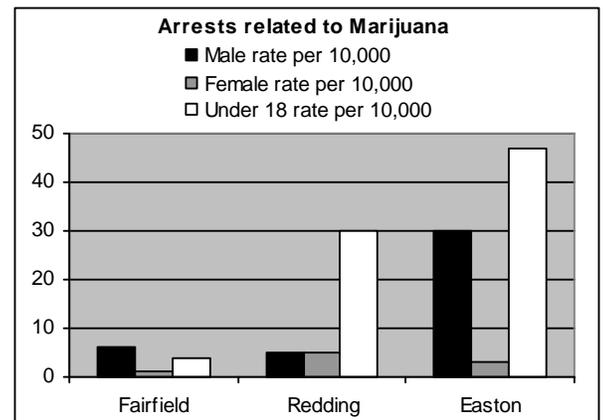
who used (15% of all students) used on 10 or more days in the past 30 days.

Marijuana use is seen as less risky and more acceptable to their parents and peers than smoking or marijuana use among adolescents. Parental disapproval is much higher than peer or own sense of risk. The sense of risk falls off in 12th grade and college age.

Despite the fact that many young people believe that their parents do not approve of marijuana use, they neither believe that their peers disapprove, nor do they see use as risky themselves.

#### Consequences

Within the region there was little available data related to arrests (Fairfield, Easton, and Redding only). However, among these towns arrests related to marijuana are largely among men under the age of 18.

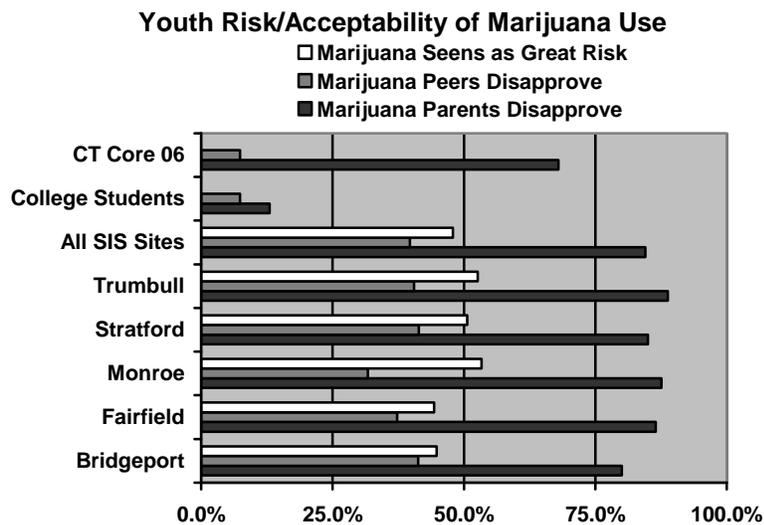
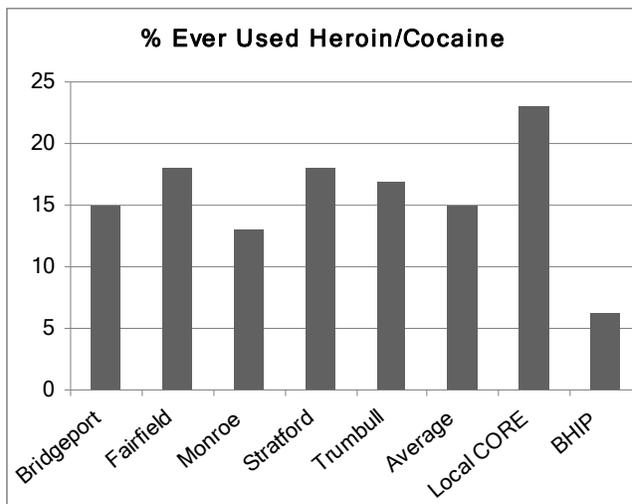


## Sub-Region 1C Substance Abuse Profile

### Cocaine

Rates of heroin/cocaine use are lower in Southwest Connecticut than in all but one of the regions of Connecticut. Despite this fact the CORE survey found that rates among local college students were almost double that estimated from the National CORE (5.5 versus 2.8). Data was sought out related to off-label prescription drug use and its consequences among all ages.

Despite low rates of heroin and cocaine use a small subset of 7<sup>th</sup>-12<sup>th</sup> graders have used in every city/town in the region and the rate is considerably higher among local college students.



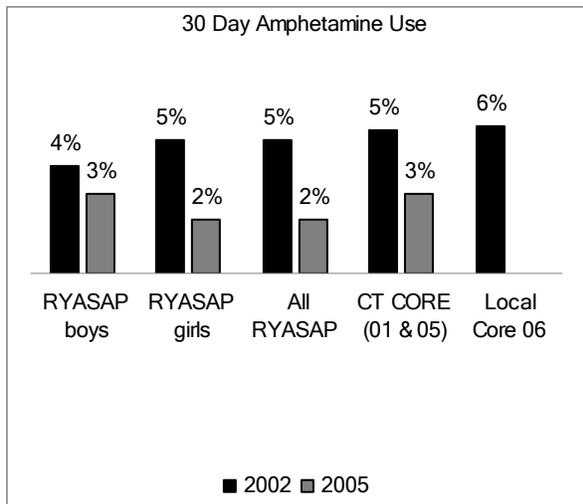
## Sub-Region 1C Substance Abuse Profile

### Prescription Drug Misuse

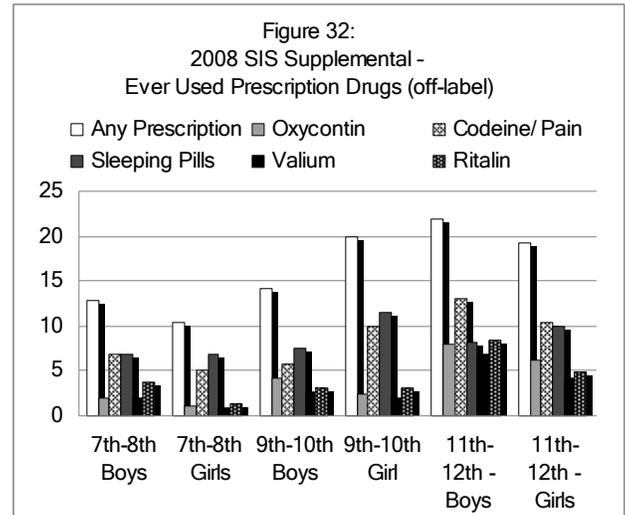
#### Consumption

Rates of off-label prescription use are lower in Southwest Connecticut than in all but one of the regions of Connecticut. Despite this fact the CORE survey found that rates among local college students were almost double than that estimated from the National CORE (5.5 versus 2.8). Data was sought out related to off-label prescription drug use and its consequences among all ages.

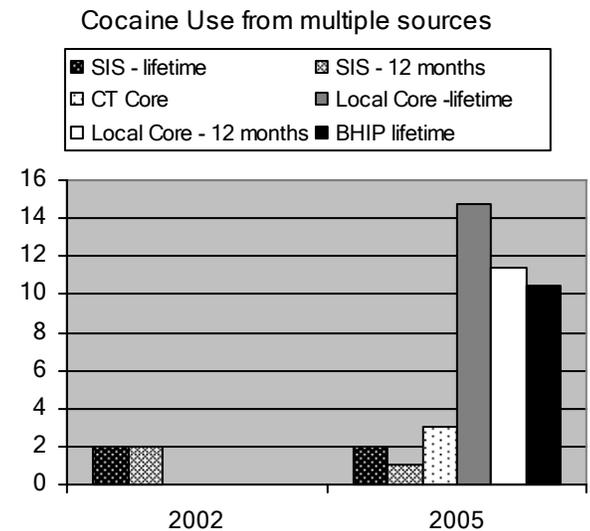
Roughly 15% of students in the 2008 Search Institute Survey Supplemental survey report ever having used prescription drugs without a prescription. The rate among local college students was higher (24%) and among Bridgeport residents was considerably lower (6%).



Codeine and sleeping pills were among the most popular drugs used by adolescents locally according to the Search Institute Survey Supplemental Survey in 2008. Boys had higher rates of off-label drug use among all age groups.



Rates of heroin/cocaine use peak among college students in comparing all groups with available data.



## Sub-Region 1C Substance Abuse Profile

### Heroin Use

Rates of heroin use are lower in Southwest Connecticut than in all but one of the regions of Connecticut. Despite this fact the CORE survey found that rates among local college students were almost double than that estimated from the National CORE (5.5 versus 2.8). Data was sought out related to off-label prescription drug use and its consequences among all ages.

Despite low rates of heroin use a small subset of 7<sup>th</sup>-12<sup>th</sup> graders have used is in every municipality surveyed in the region. Rates of heroin use peak among college students in comparing all groups with available data. See Table 34 above for additional data on heroin use in this region.

## Sub-Region 1C Substance Abuse Profile

### Gambling

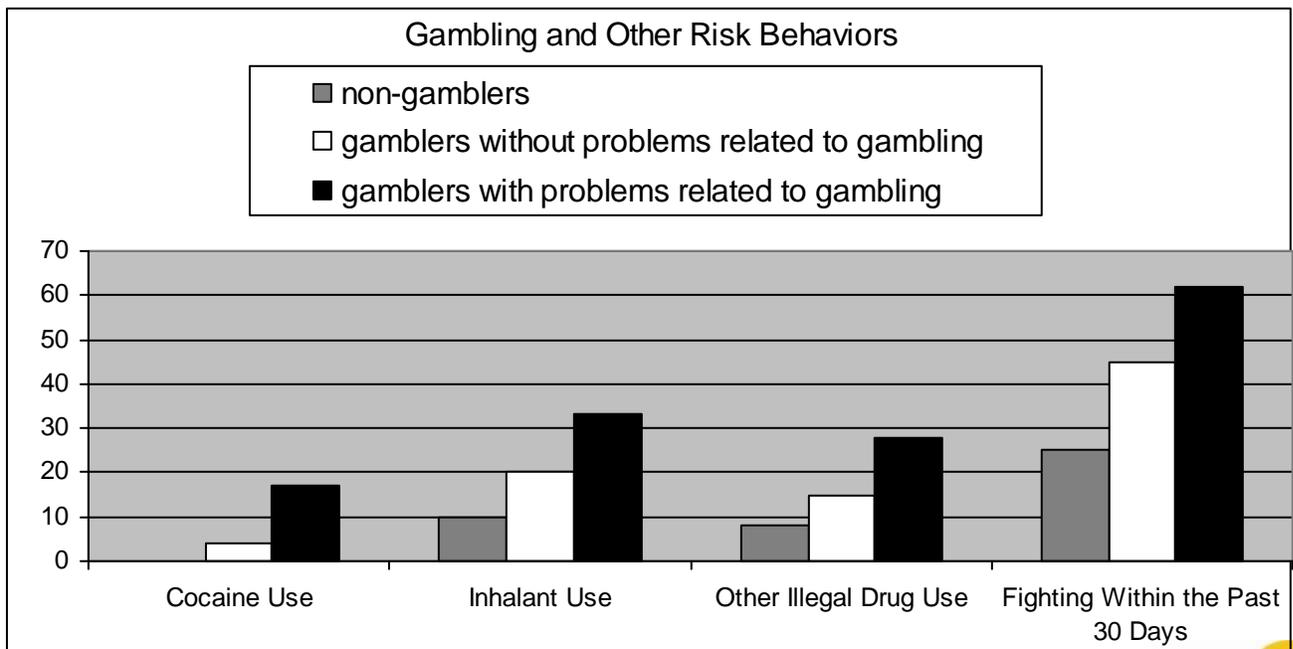
While not required as part of the priority setting work for DMHAS RYASAP has done a great deal of data gathering on gambling – particularly among adolescents and the co-occurrence of gambling to other risky behaviors. Roughly one

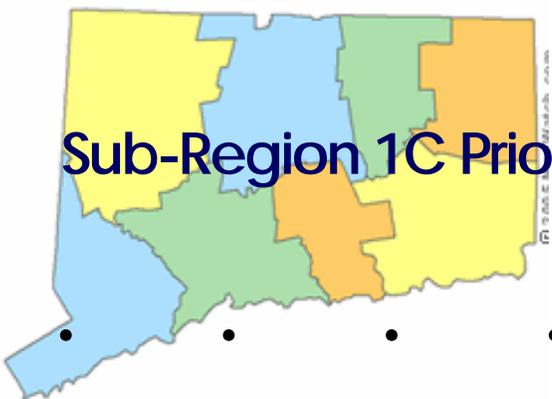
third of 7th-12th graders in this region gambled in the past year according to the 2008 Search Institute Survey results.

As demonstrated in the table below – gamblers have higher levels of other risk behaviors.

Area	Table 37: Gambling							
	% adults gambling legally (12 months)	Adults with pathologic gambling		Youth Gambling		Youth Gambling in School/Student Gambling Policies Rates Across RACs		Youth gambling in past Yr (Grades 7-12)
		WEFA, 1997		Youth Gambling in Connecticut(2008)				SIS 2008
	%	No.	%	12 month	Problem/ Path	In school	Policy	%
Connecticut	88%	15,000	0.60%	90%	10.4/2.8			
LFCRAC						33%	39%	
MFSAC						48%	44%	
RYASAP						30%	65%	
Bridgeport								26.0%
Easton								
Fairfield				44%*				29.6%
Monroe				43%*				32.3%
Redding								
Stratford								33.0%
Trumbull								34.3%

\*Fairfield and Monroe data from GAMES Evaluation





## Sub-Region 1C Priority Ranking Matrix



# Sub-Region 1C Priority Ranking Matrix

## CNAW Recommendations

At the August 20<sup>th</sup> CNAW meeting – and in follow-up discussions and conversations with key players since that time, the following themes and priorities emerged for the region.

1. Alcohol Priorities:
  - Marketing to engage parents in the struggle to reduce underage drinking and to educate them on its risks.
    - Marketing to educate communities on the risks of underage drinking – particularly at very young ages and binge drinking.
    - Prevention programs that provide alternatives to alcohol use – particularly for at-risk students prior to them encountering difficulties.
    - Prevention programs for adolescents that begin before 7th grade and continue through high school. Utilize best practices including peer driven programs (GAMES) and need to be cognizant of the demands on schools from no-child-left-behind.
    - Additional data collection on alcohol use among adults – particularly among special groups: elderly, mentally ill, adults of varied socio-economic status, cultural groups.
    - Recovery programs for adolescents that meet them where they are: including in school.
2. Tobacco Priorities:
  - Prevention programs that focus on college students and students prior to high school.
  - Additional data on tobacco use among adults and subpopulations within adults including: mentally ill, adults in recovery from other substances, cultural groups.
3. Marijuana priorities:
  - Marketing to expand understanding of marijuana use as risky particularly among high school and college students.
  - Programs that tie marijuana use to other drug use.
  - Data on marijuana use and its effects on adults.
4. Prescription drug priorities:
  - Marketing that links off label prescription drug use to use of other drugs.
  - Marketing on the risks of mixing drugs (particularly drugs prescribed for you with alcohol, marijuana, or other off-label prescription drugs).
  - Data on off-label prescription drug use among sub-populations of adults.
5. Heroin/Cocaine Priorities:
  - While rates of use are lower than all other indicators the 2008 Search Institute Survey (SIS) supplemental shows rates of ever having used Heroin or Cocaine among 7th-12th graders as between 13% and 17%. These rates are of concern. Further understanding of the nature of heroin/cocaine use in this young population, and among college students is needed to design and deliver appropriate interventions for this population. There is also little good data on use among adults more generally.
6. Substance Abuse Not a Priority:
  - “The cost of everything is going up yet substance abuse resources for both treatment and prevention are not increasing – what does this say about commitment to these issues?”
  - Resources have been pulled into emergency preparedness – and no recognition that drug and alcohol use is an emergency.
  - No child left behind has forced non-academic subjects out of classrooms.
  - Binge drinking is viewed as acceptable behavior.
  - Off-label prescription use viewed as acceptable because prescription drugs are legal (prescribed by doctors).

- Substance use is seen as right of passage in some communities.
7. Interrelated Nature of Substance Use:
    - Clear links to gambling, alcohol and anti-depressants, alcohol and smoking among others.
    - Rates of substance use among mentally ill are high – these co-occurring disorders and the use of self-medication for depression need to be explored.
    - Adolescents on anti-depressants need to be alerted about the risks of mixing their prescribed medications with alcohol and other drugs.
  8. Access to services and supports to divert adolescents and prevent use is an enormous challenge for families.
    - Adolescents need to be able to access services to prevent substance use earlier – can't wait until they are involved in the juvenile justice system to intervene.
    - I had one client that said things are better for my child that has been arrested – at least he can access services.
  9. What do we need in prevention?
    - Prevention needs to start earlier – 4th-6th grade – but beyond DARE and just say no – multiple session work that engages parents, families, and communities in the effort to curb use.
    - Programs for young people need to be peer to peer and community driven – culturally appropriate.
    - Socio-economic constraints: Different groups view substance use differently – can't be a one-size fits all intervention
  10. Social marketing is needed to raise community awareness and change perceptions.
    - Need to use non-traditional education methods: workplace, peer oriented, school based among others.
    - What sold anti-smoking was the innocent victim – need to find similar sales pitch for other drugs.
    - Social marketing messages that promote not using don't work for kids already engaged.
    - We need to learn how anti-smoking campaigns have successfully changed adolescent attitudes about risk and replicate that.
  11. Parents don't want to be involved – either because they use themselves or because they see it as not a real problem.
    - Parents don't recognize that drinking today isn't like drinking was when they were young – the levels and amounts of binge drinking.
    - Parents are overwhelmed by the range of their responsibilities and need to set priorities for what to address with their children – this tends to fall off the list. This is true regardless of socio-economic status or culture.
    - Parents don't recognize their own power to influence their children.
  12. Municipality priorities
    - Bridgeport
      - Prevention programs for children at earlier ages,
      - Expansion of treatment programs embedded in schools,
      - Tobacco cessation programs city-wide – particularly among Latinos.
    - Easton
      - Additional data on substance use in the town – particularly among adolescents.
    - Fairfield
      - Programs to prevent underage drinking,
      - Programs and education on off-label prescription drug use (particularly amphetamines),
      - Additional data to drive programs and education on heroin and cocaine use among adolescents.
    - Monroe

- Early intervention to prevent use from becoming abuse among adolescents.
- Redding
  - Social marketing around drinking and driving.
  - Additional data on substance use in the town – particularly among adolescents.
- Stratford
  - Programs to prevent underage drinking.
  - Programs and education on off-label prescription drug use (particularly amphetamines).
  - Additional data to drive programs and education on heroin and cocaine use among adolescents.
- Trumbull
  - Programs to educate and engage parents around limiting access.
  - Programs and education on off-label prescription drug use. (particularly amphetamines)
  - Additional data to drive programs and education on heroin and cocaine use among adolescents.

13. College student priorities

- Social marketing to change community norms around binge drinking.
- Smoking education and quit programs.
- Additional data to drive programs and education on heroin and cocaine use among college students.

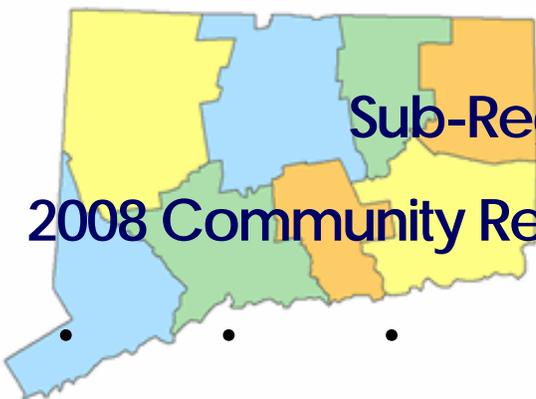
Based upon the community data on the prevalence, short- and long-term consequences, and the CNAW member knowledge of how likely the use, misuse or abuse of a substance is amenable to change (through prevention strategies including changes in societal norms) and on readiness/capacity survey findings, each CNAW member should rate each category with the following scale:

Rating Scale:            1=Lowest            2=Low            3=Medium            4=High            5=Highest

After each CNAW member has completed the matrix rank order indicators according to greatest average score of all individual responses.

Substance	Magnitude	Impact	Changeability	Readiness/ Capacity	Priority Ranking
Alcohol	5	4	3	2	1
Tobacco	4	4	3	3	1
Marijuana	4	3	3	3	2
Cocaine	1	5	2	4	3
Heroin	1	5	2	4	3
Prescription drugs	3	4	3	3	2

Gambling                    4                    3                    2                    2                    4

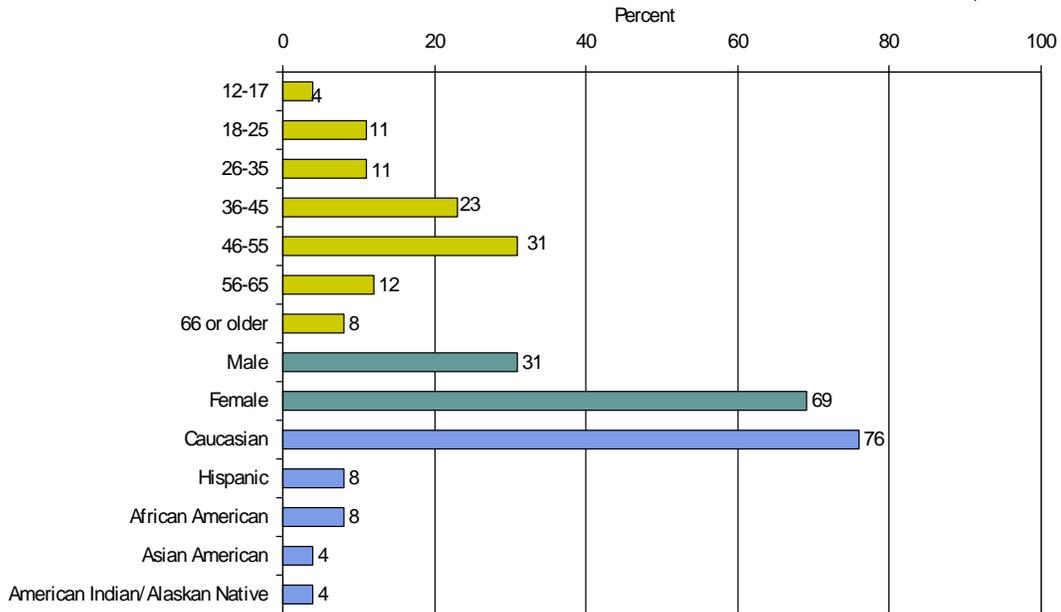


**Sub-Region 1C**

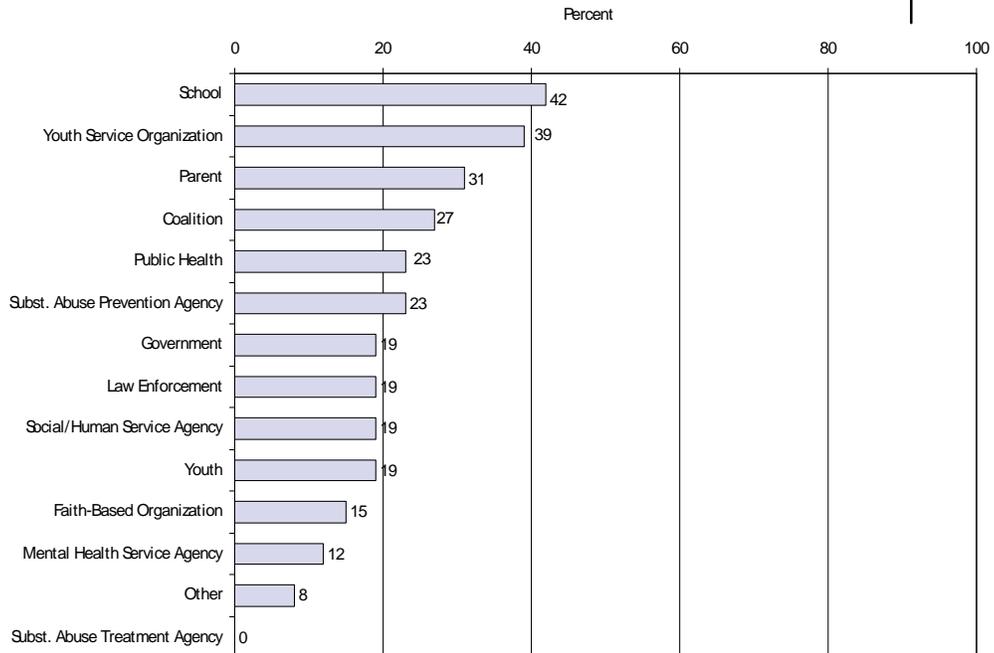
**2008 Community Readiness Assessment**



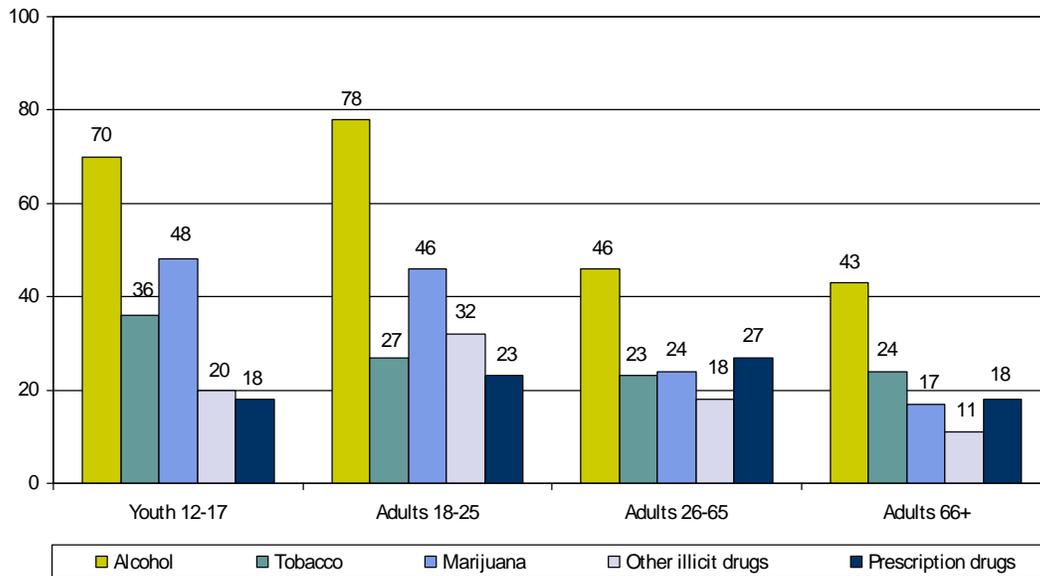
# Key Informant Demographic Characteristics



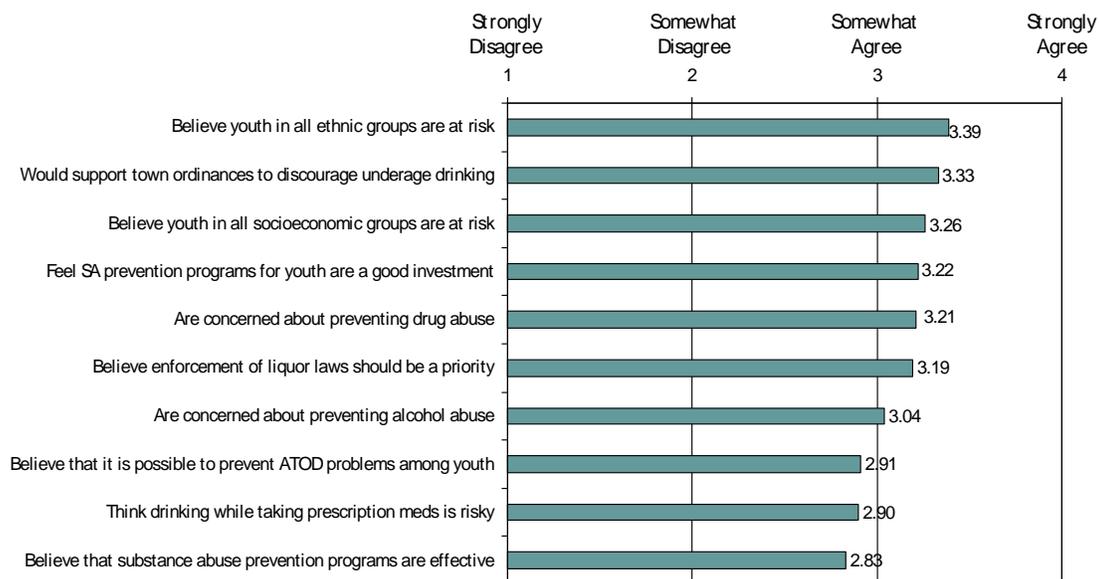
# Key Informant Stakeholder Affiliation



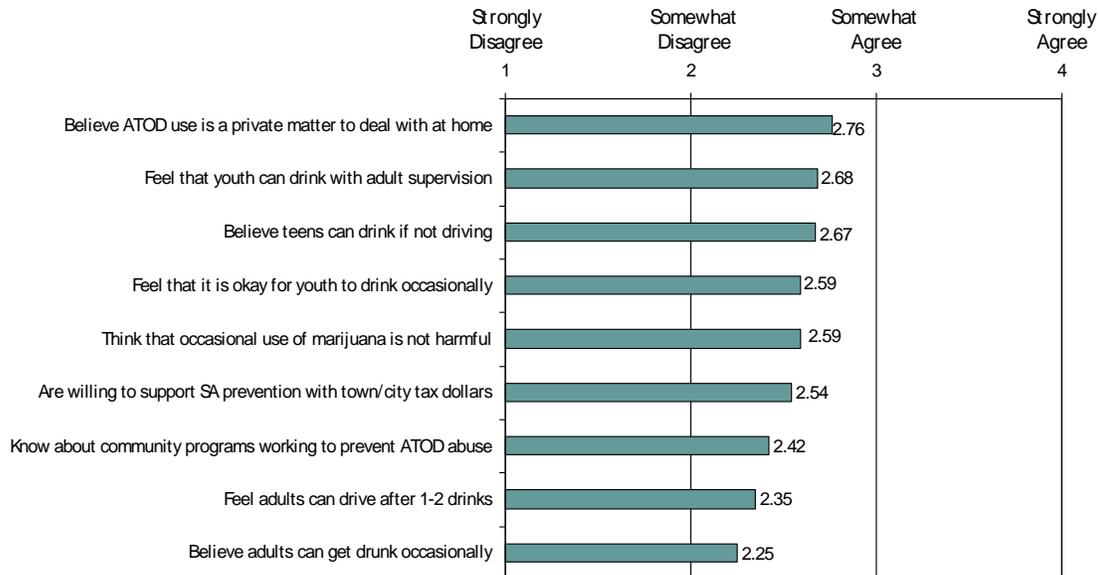
## Perceived Community Attitude that a Substance is a “Significant Problem” in Different Age Groups



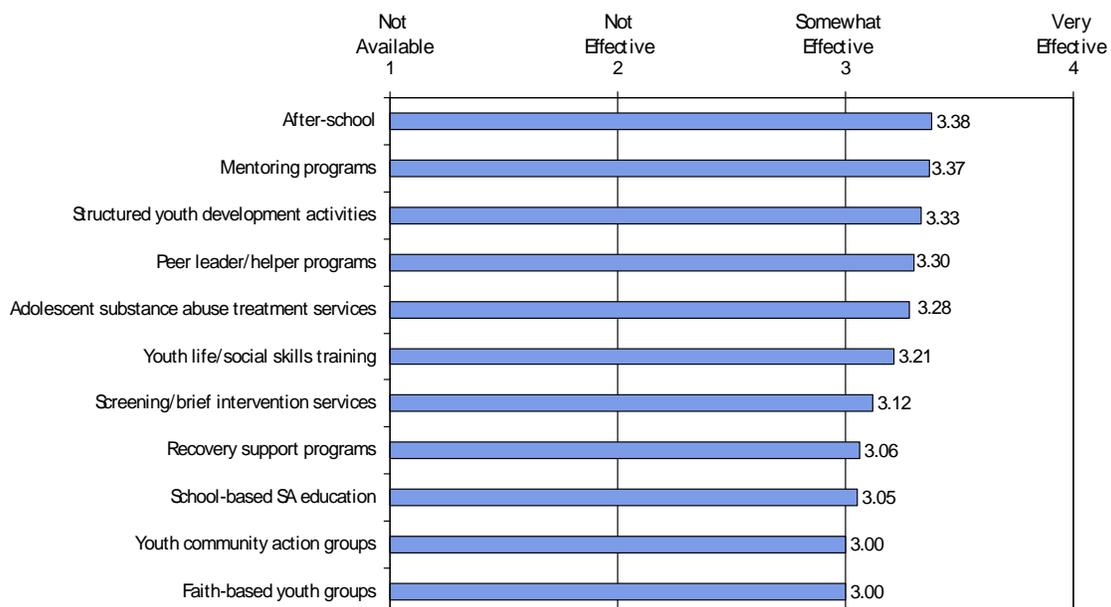
## Key Informant Agreement that “Most” Community Residents:



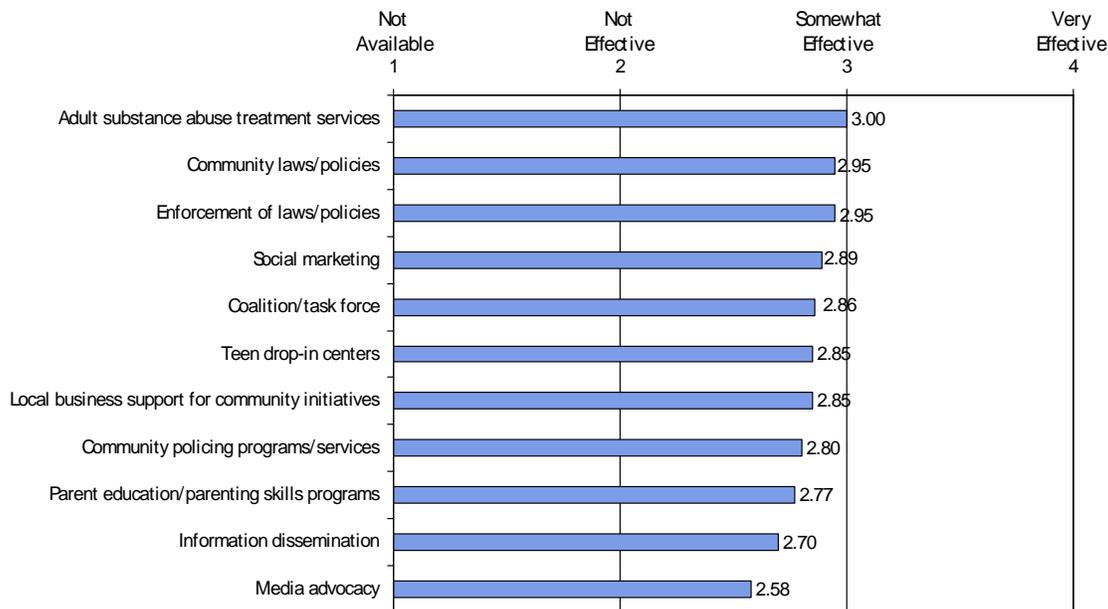
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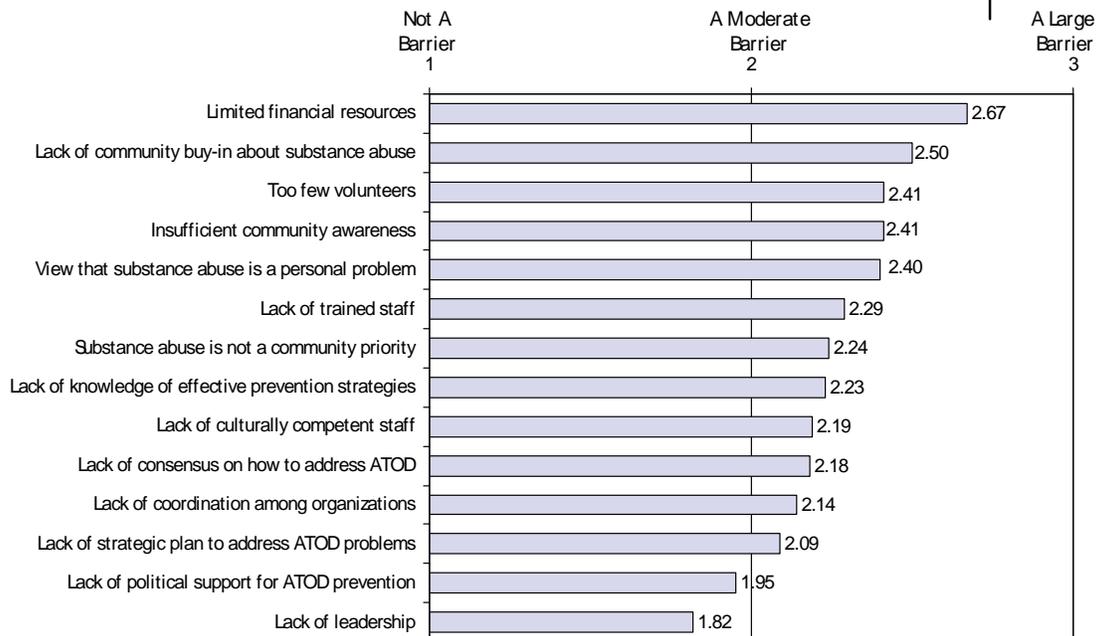
## Key Informant Ratings of Substance Abuse Prevention Strategies in the Community



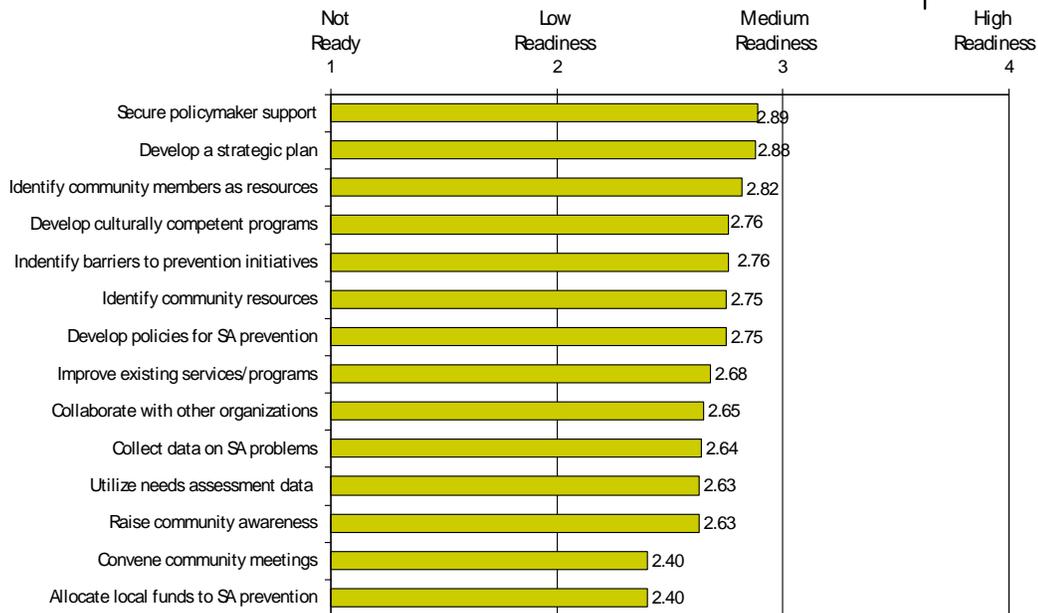
## Key Informant Ratings of Substance Abuse Prevention Strategies in the Community



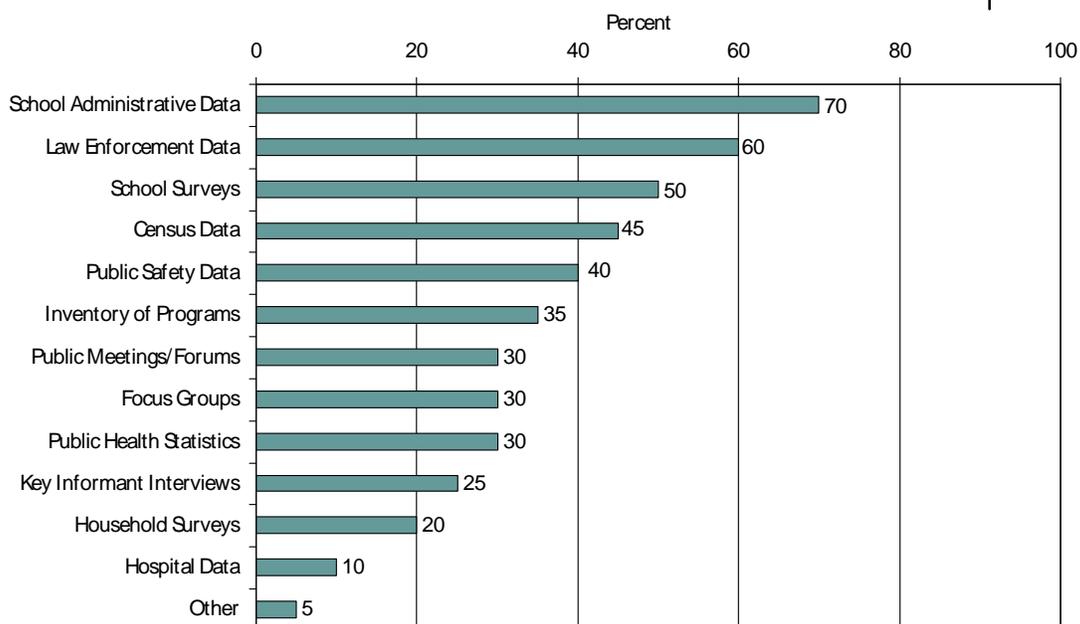
## Perceived Barriers to Substance Abuse Prevention Activities in the Community



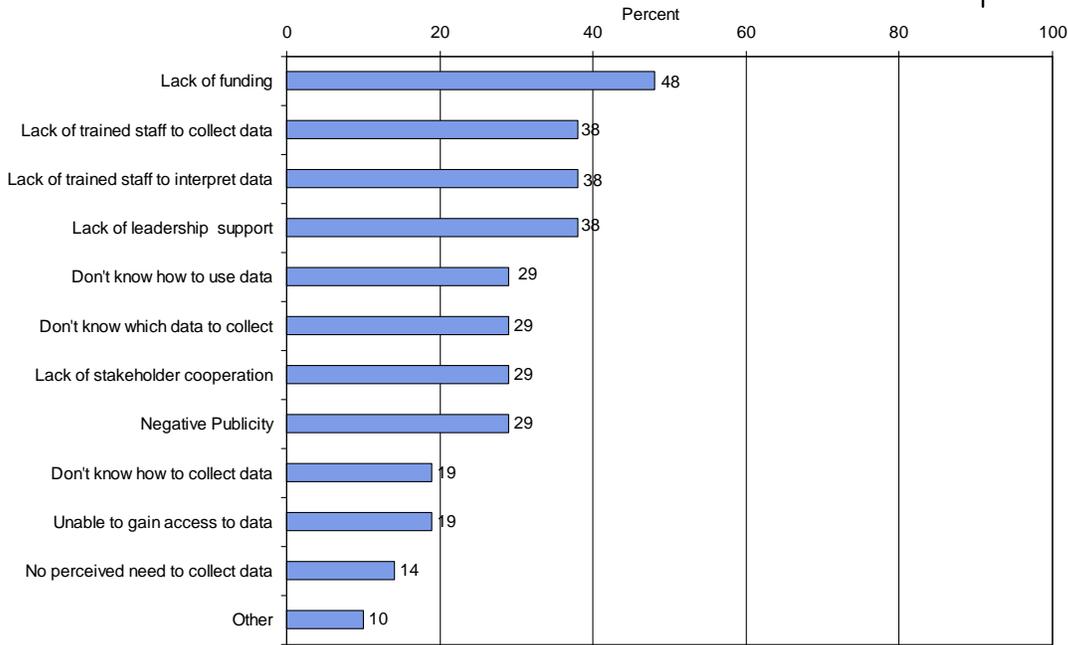
## Key Informant Ratings of Community Readiness for Substance Abuse Prevention Planning



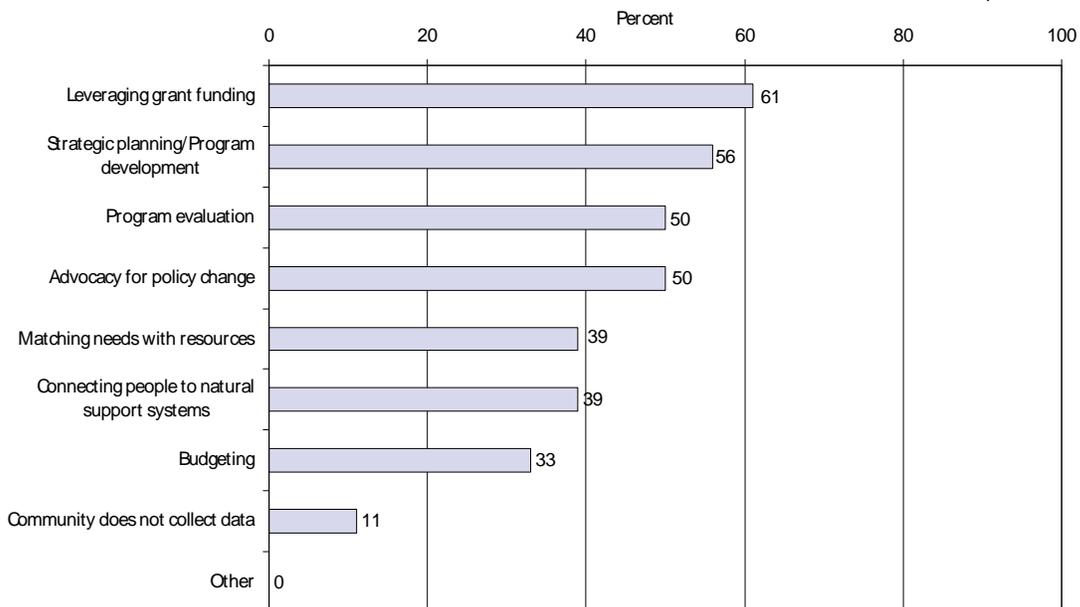
## Availability of Substance Abuse Prevention Data



# Barriers to Collecting Data



# Community Use of Substance Abuse Prevention Data



## Key Informant Ratings of the Community Stage of Readiness for Substance Abuse Prevention



Community Stage of Readiness for Substance Abuse Prevention	STATE Score
1. Tolerates or encourages substance abuse	1%
2. Has little or no recognition of substance abuse problems	12%
3. Believes a substance abuse problem exists, but awareness is only linked to one or two incidents involving substance abuse	17%
4. Recognizes a substance abuse problem and leaders on the issue are identifiable, but little planning has been done to address problems and risk factors	24%
5. Is planning for substance abuse prevention is focused on practical details, including seeking funds for prevention	17%
6. Has enough information to justify a substance abuse prevention program and has great enthusiasm for the initiative	5%
7. Has created policies and/or more than one substance abuse prevention program is running with financial support and trained staff	13%
8. Views standard substance abuse programs as valuable, new programs are being developed for at-risk populations, and there is ongoing evaluation	7%
9. Has detailed and sophisticated knowledge of prevalence, risk factors and program effectiveness, and programming is tailored by trained staff to address community risk factors	4%
<b>Mean State Stage of Readiness (n=414)</b>	<b>4.73</b>
<b>Mean Sub-Region 1C Stage of Readiness (n=20)</b>	<b>5.20</b>